

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 113011
Registrar's No. 286

FEB 26 1940 399
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5409 Cleveland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 2 1/2 Months
years, months or days)

3. (a) PRINT FULL NAME James Henry Callahan

3. (b) If veteran, name war no 3. (c) Social Security No. - -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased Aug. 12, 1867
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>72</u>	<u>5</u>	<u>9</u>	hr. _____ min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name N. B. Callahan

18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Bradley

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. H. F. Staugler
(b) Address 5409 Cleveland

17. (a) Removal (b) Date thereof 1-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitesville, Mo.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) Jan. 22, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5409 Cleveland
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from December 20, 1939, to Jan 21, 1940, that I last saw him alive on Jan 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 years

Due to Hypertension - 612 1/2 5 years

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Brown & Staugler M.D. (M. D. or other) _____

Address 220 Maple Bldg. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39
1 x19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIAN
Underline the cause to which death should be charged statistically

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Chas. W. Chiles
Licensed Embalmer No. 3473
P. O. Address 16 e 360.

12-3130

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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