No. 2
1-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41394

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4787

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: 902 Ward Parkway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 15 years

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.: 902 Ward Parkway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Ambert J. Callahan
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mrs. Zoe N. Callahan
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: July (Month) 12, (Day) 1878 (Year)

8. AGE: Years 62 | Months 5 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: Waverly, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Investment broker
11. Industry or business: 1
FATHER
12. Name: David Callahan
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Frances Burks
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Zoe N. Callahan
(b) Address: 902 Ward Parkway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 West 42nd Street
19. (a) 12-17-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 12-15-40
year ____ hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death ____ Duration
Due to: Acute pulmonary edema
Due to: Old & recent coronary occlusion
Due to: Coronary sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

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) (Specify means of injury)
23. Signature: ____ (M. D. or other)
Address: ____ Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address 76 C 260

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

If this body is not embalmed, fact should be so stated above.