

FILED MAY 23 1942

Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Grundy**

(b) City or town **IRENTON**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1902 - East 7th St**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **26 years** (Specify whether years, months or days)

In this community **26 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy**

(c) City or town **Ironton**
(If outside city or town limits, write "RURAL")

(d) Street No. **1902 East 7th St**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **SILAS F CALLOHAN**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April**, day **16th**, year **1942** hour **6:05** minute **H** M.

21. I hereby certify that I attended the deceased from **Mar. 26 to Apr. 16**, 19**42**, to **---**, 19**---**; that I last saw him alive on **April 16**, 19**42** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **RATHLEEN CALLOHAN**

6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased: **May 9 1960**
(Month) (Day) (Year)

Immediate cause of death **Chronic Myocarditis** Duration **1 year**

8. AGE: Years **82** Months **11** Days **7** If less than one day hr. min.

Due to **---**

Due to **---**

Other conditions (Include pregnancy within 3 months of death) **---**

9. Birthplace **Sullivan County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Car Shop**

11. Industry or business **Railroad**

12. Name **Monte V. Callahan**

13. Birthplace **Union, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Ellen**

15. Birthplace **Sullivan County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Forest J. Callahan**

(b) Address **Ironton, Mo.**

17. (a) **burial** (b) Date thereof **April 19, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri County**

18. (a) Signature of funeral director **Walter E. Hoffman**

(b) Address **Ironton, Mo.**

19. (a) **4-19-42** (b) **Nada W. Hoffman**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **---**

Of autopsy **---**

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) (e) Means of injury **---**

23. Signature **OR Rooks** (M. D. or other) **---**

Address **Ironton, Mo.** Date signed **4-18-42**

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

10
1
2

MOTHER FATHER

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Raymond A. Davis

Licensed Embalmer No.....

3424

P. O. Address.....

Denton, Mo.

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, fact should be so stated above.