

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 87  
Registrar's No. 64

Registration District No. 277  
Primary Registration District No. 3835

55  
3  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH  
(a) County Lawrence  
(b) City or town Mt. Vernon  
(c) Name of hospital or institution: No State Sanatorium  
(d) Length of stay: In hospital or institution 41 days  
In this community 40 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Crawford  
(c) City or town Cherryville  
(d) Street No. 0  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Thurmon Delane Callahan

MEDICAL CERTIFICATION

3. (b) If veteran, name No  
3. (c) Social Security No. 489-18-1924

20. DATE OF DEATH: Month Aug day 2 year 1942 hour 8:25 minute 7

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced, or separated Married  
6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Sept 14 1915

21. I hereby certify that I attended the deceased from June 23 and that death occurred on the date and hour stated above.  
Immediate cause of death Pul. tbc

8. AGE: Years 26 Months 9 Days 19 If less than one day hr. min.

Duration of Illness about 3 months

9. Birthplace Unknown Missouri

Due to

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations 136

12. Name Jesse R. Callahan

Of autopsy

13. Birthplace Unknown Missouri

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

14. Maiden name Oda Garb

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

15. Birthplace Unknown Missouri

(b) Date of occurrence

16. (a) Informant Mr. Michael, Retired Clerk

(c) Where did injury occur?

(b) Address No. State Sanatorium

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

17. (a) Cause of death Pul. tbc (b) Date thereof 8-3-42

(Specify type of place) (e) Means of injury

(c) Place: burial or cremation Pine Road, Canby

23. Signature E. M. Bryan (M. D. or other)

18. (a) Signature of funeral director E. J. Jones & Son

Address Mt. Vernon, Mo. Date signed 8/2/42

(b) Address Steele Co.

(Date received local registrar) (Registrar's signature)

5205

APR 28 1942

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 me  
was embalmed  
Registered Apprentice No. 2628  
working under my personal supervision.

Signed Henry Johnson

Licensed Embalmer No. 2628

P. O. Address Steelbldg 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.