

FILED NOV 9 1942

State File No. \_\_\_\_\_

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3934

48  
83

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2821 East 11th, Street.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2821 East 11th, Street  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miss Anna CALLAHAN.

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XXXXXX years

7. Birth date of deceased October 21st, 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>54</u>	hr. min.

9. Birthplace Avon New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Nursing. Helper.

11. Industry or business \_\_\_\_\_

12. Name John Callahan

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Houlahan

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Foley.

(b) Address 2821 East 11th, Street.

17. (a) Burial (b) Date thereof 10/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 10/26/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th,  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10/18 1942 to 10/25 1942  
that I last saw her alive on 10/24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia  
Duration 2 1/2 hrs

Due to Infirmities of age

Due to 101

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 D. Russell (M. D. or other) \_\_\_\_\_  
Address 3231 E. 11th St Date signed 10/26/42

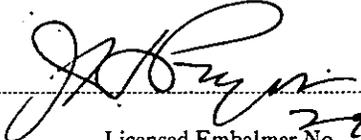
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**STATEMENT BY LICENSED EMBALMER**

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.....

  
.....  
Licensed Embalmer No. 2999

P. O. Address..... KC

**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.**