

S. No. 2
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5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36981**

FILED DEC 8 1942

Registration District No. 91

Primary Registration District No. 5330

Registrar's No. 11

28
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Bradford (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community all of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bradford

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Jefferson Callahan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1942 hour 2:30 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to Oct 26 1942

that I last saw him alive on May 1 1942 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Minnie Harris

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

7. Birth date of deceased 11 - 18 1872
(Month) (Day) (Year)

Immediate cause of death Cancer of liver Duration 6 yrs

Due to _____

Due to 53

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

8. AGE: Years 69 Months 11 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Dave Callahan

13. Birthplace Bradford Mo (City, town, or county) (State or foreign country)

14. Maiden name Martha Eaton

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

16. (a) Informant Minnie Callahan

(b) Address Sherrysville Mo

17. (a) _____ (b) Date thereof 10-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Cemetery

18. (a) Signature of funeral director L. E. Jones

(b) Address Sherrysville Mo

19. (a) Nov 6-1942 (b) E. E. Hilt
(Date received local registrar) (Registrar's signature)

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 R. G. Parker (M. D. _____)

Address Sherrysville Mo Date 10-29-42

RECEIVED

District Registrar Number No 5,

District File Number 2421042

Date Filed 12-7-42

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 Harry Jones

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2628

P. O. Address 5 Leebell M D

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.