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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38046

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

FILED DEC. 6 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3015

Registrar's No. 70

1. PLACE OF DEATH: Clinton  
(a) County  
(b) City or town CAMERON.  
(c) Name of hospital or institution: 418 PROSPECT  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County Clinton  
(c) City or town Cameron  
(d) Street No. 418 Prospect  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Catherine Callihan  
(b) If veteran, name war. NO  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV., day 16  
year 1943 hour 7 minutes 25 A. M.

4. Sex Female  
5. Color or White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Harry Callihan  
(c) Age of husband or wife if alive 768 years  
7. Birth date of deceased November 4th. 1874

21. I hereby certify that I attended the deceased from Sept 1940 to Nov 16 1943  
that I last saw him alive on Nov 16 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months - Days 4  
If less than one day hr. min.

Immediate cause of death Chronic Nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 31 f

9. Birthplace DeKalbe Co. Mo.

10. Usual occupation Housework in Home

11. Industry or business  
12. Name John Goucher  
13. Birthplace Unknown Ind.  
14. Maiden name Nancy RICHARDSON  
15. Birthplace Unknown INDE

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Callihan  
(b) Address Cameron, Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 74  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal)  
(b) Date thereof Nov. 19, 1943  
(c) Place: burial or cremation Graceland Cem, Cameron, Mo.

23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed 11/18/43

18. (a) Signature of funeral director  
(b) Address Cameron, Mo.  
19. (a) Nov. 18, 1943 (Date received local registrar)  
(b) Mrs. Kathleen Harris (Registrar's signature)

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

NOV 6 1945

**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

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1180

P. O. Address Cameron, 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.**