

FILED MAY 11 1947

Registration District No. 257

Primary Registration District No. 3048

Registrar's No. 67

1. PLACE OF DEATH: Nodaway  
 (a) County Nodaway  
 (b) City or town Maryville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 404 North Walnut  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Nodaway  
 (c) City or town Maryville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 404 North Walnut  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Sarah Catherine Callahan

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color of race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Dennis Callahan 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 23 1852  
 (Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation housewife

MOTHER FATHER { 11. Industry or business James Thomas  
 12. Name Raleigh Civ. C. 1  
 13. Birthplace Columbia, Missouri (State or foreign country)  
 14. Maiden name Clinton Co. Missouri  
 15. Birthplace Mrs. Ed Wallace (City, town, or county) (State or foreign country)

16. (a) Informant Maryville Mo.

(b) Address Burial 4-23-44

17. (a) (Burial, cremation, or removal) (b) Date thereof Clearmont cemetery  
 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Wassell

(b) Address 4-22-44 (c) Amy Barber  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
 year 1944 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 20 1944  
 to Apr 20 1944  
 that I last saw her alive on 4-16 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of feet  
Chr. myelocystitis  
Senility  
 Due to arterio sclerosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 93d  
 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 J.M. Boyler (M. Doctor)  
 Address Marion Mo Date signed 4-21-44

**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..... *W L Gee*  
Licensed Embalmer No..... *2539*  
P. O. Address..... *Marville*

**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.**