

FILED FEB 6 1945

State File No.

306

Registration District No.

Primary Registration District No.

Registrar's No.

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: St Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
In this community 20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Michael J. Callahan

3. (b) If veteran, name war.

None

3. (c) Social Security No. None

4. Sex

Male

5. Color or race

White

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

6. (b) Name of husband or wife

Anna E. Callahan

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

7. Birth date of deceased

August  
(Month)

10th  
(Day)

1854  
(Year)

8. AGE:

Years

Months

Days

If less than one day

90 22

5

8

hr. min.

9. Birthplace

Unknown  
(City, town, or county)

Massachusetts  
(State or foreign country)

10. Usual occupation

Retired

11. Industry or business

Miner & Farmer

12. Name

Douglas Callahan

13. Birthplace

Unknown  
(City, town, or county)

MASS  
(State or foreign country)

14. Maiden name

Catherine N. Conlon

15. Birthplace

Unknown  
(City, town, or county)

Scotland  
(State or foreign country)

16. (a) Informant

Mrs Mary Edwards

(b) Address

4502 Benton Blvd

17- (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

1-22-45  
(Month) (Day) (Year)

(c) Place: burial or cremation

Scammon Kansas

18. (a) Signature of funeral director

Melody-McEliley

(b) Address

Kansas City Missouri

19. (a)

1-20-45  
(Date received local registrar)

(b) T. G. Brown  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4502 Benton Blvd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 18 day 18 year 1945 hour 1:05 min PM M.

21. I hereby certify that I attended the deceased from Jan 18, 1945 to Jan 18, 1945  
that I last saw him alive on Jan 18, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio Sclerosis

Due to Age 92

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 M. J. Seibert (D. or other)  
Address 4500 Ballinger Date signed 1-20-45  
H. E. Hall

SEP 27 1945

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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.....

*Russell M. France*

Licensed Embalmer No.....

*4255*

P. O. Address.....

*K.C. 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.