DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Simpson

State File No. 19208

Registration District No. 348 Primary Registration District No. 6175 Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Sullivan
(b) City or town: Milan - Rural Liberty Twp.
(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 (Specify whether years, months or days) 76 yrs
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Sullivan 105
(c) City or town: Milan - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Mary Catherine Callihan
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: Fm/
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: J. M. Callihan.
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: April (Month) 25 (Day) 1870 (Year)

8. AGE: Years 76 Months 1 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace: Milan (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmers Wife
11. Industry or business:
MOTHER FATHER
12. Name: Henry Sterling
13. Birthplace: Sullivan Co Mo (City, town, or county) (State or foreign country)
14. Maiden name: Martha Cochran
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Jim Penny
(b) Address: Milan Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Shatto - near Milan
18. (a) Signature of funeral director: Schoenes
(b) Address: Milan Mo
19. (a) June 6-46 (Date received local registrar) (b) Greta Caldwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1946 hour ___ minute 6 a.m.
21. I hereby certify that I attended the deceased from May 12, 1946 to May 31, 1946 that I last saw her alive on May 30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: carcinoma right lung.	—
Due to: Carcinoma right breast.	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: Milan Date signed 6-1-46

318 (Licensed Embalmer's Statement on Reverse Side)

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 Dwight Schaeur

Licensed Embalmer No. 2667

P. O. Address Milan, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
M—3-45
X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 348 Primary Registration District No. 617J Registrar's No. 5

1. PLACE OF DEATH:

(a) County: Sullivan

(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: Mary C. Callahan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: April 25 (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days Unless than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Co-morbid 7 right lung

Due to: carcinoma right breast + nipple — 3 yrs.

Due to:

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

Major findings:
Of operations:

Of autopsy: 47d

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 6-13-46

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

18085

19208