

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11966

State File No. _____

FILED APR 16 1948

Registration District No. 77

Primary Registration District No. 5330

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Forage
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(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

Pauline 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 W, D

6. (b) Name of husband or wife Thomas Callahan

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

7. Birth date of deceased May 9 - 1865
(Month) (Day) (Year)

8. AGE:

Years 83

Months _____

Days _____

If less than one day _____ hr. _____ min.

9. Birthplace

Washington Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Alex. Pratt

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

14. Maiden name _____

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

16. (a) Informant J. T. Callahan

(b) Address Cherryville MO

17. (a) _____

(b) Date thereof 2-1-
(Month) (Day) (Year)

(c) Place: burial or cremation Martin Cemetery

18. (a) Signature of funeral director Ed. James & Son

(b) Address Shelbyville MO

19. (a) March 13, 1948

(b) Clare Hanson
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14th
year 1948 hour _____ minute 7 a. M.

21. I hereby certify that I attended the deceased from 12-7-
1943, to 2-14- 1948
that I last saw her alive on 2-1- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic voluntary
anemia of heart

Due to _____

Due to _____

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

Major findings: Of operations 93P

Of autopsy _____

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 0

23. Signature R. B. Perkin (M. D. assistant)
Address Sturkville MO Date signed 3/13/48

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 13 1948

RECEIVED
District Health Officer No. 5,
District File Number 448264
Date Filed 4-13-48

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 L. J. Jones
....., Registered Apprentice No.

working under my personal supervision.

Signed L. J. Jones

Licensed Embalmer No. 2379

P. O. Address Steelville 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.