

STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1955

State File No. 769

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 30 yrs	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			STREET ADDRESS (If rural, give location) 3180 1025 Bales			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIS b. (Middle) M c. (Last) CALLAHAN			4. DATE OF DEATH (Month) (Day) (Year) 2/18/55			
5. SEX <input checked="" type="checkbox"/> male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid. 2	8. DATE OF BIRTH 9/22/1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo D		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John Callahan		13b. MOTHER'S MAIDEN NAME Martha Clem		14. NAME OF HUSBAND OR WIFE Emma Owens Callahan (Dec)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond M. Callahan, 3510 E 10th			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ENDOCARDITIS, ACUTE			II. OTHER SIGNIFICANT CONDITIONS			4 da.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA BLADDER & CYSTITIS			2-3 yrs.
			DUE TO (c)			1817

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9-11, 1954, to Feb 18, 1955, that I last saw the deceased alive on Feb 18, 1955, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE James R. Mc Vay (Degree or title) D		23b. ADDRESS 814 W. W. Bldg	23c. DATE SIGNED 2-19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/20/55	24c. NAME OF CEMETERY OR CREMATORY Mussel Fork	24d. LOCATION (City, town, or county) (State) Marcelline, Mo.	
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DATE REC'D BY LOCAL REG. 2-19-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, K. C. Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

22-5800

MAR 24 1935

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard E. Carroll*.....

Licensed Embalmer No. *4829*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.