N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 21 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6223

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1046
City Kansas City (No. 3900 Manheim Road St. Ward)

2. FULL NAME Mary Frances Callender
(a) Residence, No. 3900 Manheim Road St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. H. Callender
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 3, 1869
7. AGE: YEARS 66 — MONTHS 2 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Missouri

FATHER
13. NAME: Gabriel L. Ballinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Kentucky

MOTHER
15. MAIDEN NAME: Maria E. Goodman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Missouri

17. INFORMANT (ADDRESS): W. H. Callender, 3900 Mainheim Road, Kansas Cit, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah Cem DATE 2/27 1936
19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza
20. FILED 2/27 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 24, 1936
22. I HEREBY CERTIFY, That I attended deceased from February 12, 1936, to Feb 24, 1936
I last saw her alive on Feb 23, 1936. Death is said to have occurred on the date stated above, at P. m. 3:45
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Chronic Myocarditis	

Other contributory causes of importance:
Toxic Thyroid.
Fracture of Colon

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 2/13 1936
Where did injury occur? 3900 Manheim Rd (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Acc fall on ice
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank J. Ridge, M. D.
(Address) 406 N 34th K.C. Mo

Medical Arts Bldg
Va 4540