DEC'D DEC 14 1938

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

38288
Do not use this space.

4522

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399

(b) Township Kaw / Primary Registration District No. 100r / Registered No.

(c) City Kansas City / (d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

450

2. PRINT FULL NAME Mrs. Agnes Rush CALLAHAN.

(a) Residence, No. 5105 Troost Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. William C. Callahan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1893.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as 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) Kansas City
(STATE OR COUNTRY) Mo. 0

FATHER

13. NAME Patrick Rush.

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ireland. 5

MOTHER

15. MAIDEN NAME Elizabeth Johnson.

16. BIRTHPLACE (CITY OR TOWN) Boston
(STATE OR COUNTRY) Mass. 1

17. INFORMANT R. J. Rush, brother,
(ADDRESS) Evanston, Illinois.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 11/22/38. 19

19. FUNERAL DIRECTOR (NAME) Mellody-McGilley.
(ADDRESS) K. C. Mo.

20. FILED Nov 21, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1938, to Nov 20, 1938

I last saw him alive on Nov 19, 1938 Death is said to have occurred on the date stated above, at 2:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary found	Sept 1938
Secondary carcinoma of liver	
49	

Other contributory causes of importance:

Generalized peritonitis	Nov 10 1938

Name of operation Ovarian Cyst Removal Date of Sept, 1938

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. J. Farnsworth M. D.

(Address) 729 Prof Bldg. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.