

REG'D MAR 9 1939

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

5667  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. 3333 Euclid Ave. St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 866

2. PRINT FULL NAME

Guy B. Callicotte  
(a) Residence, No. 3333 Euclid Avenue 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 Male 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 Mrs. Marga L. Callicotte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 5 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. Armour & Co. 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) Iowa

FATHER 13. NAME Chester Callicotte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Nancy Bracken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mrs. Marga L. Callicotte  
3333 Euclid Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 3-1-39, 19\_\_

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary  
Kansas City, Missouri

20. FILED 7 27 39 M. M. Browne  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-39, 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1<sup>st</sup>, 1935, to Feb. 26<sup>th</sup>, 1939  
I last saw him alive on Feb. 26<sup>th</sup>, 1939 Death is said to have occurred on the date stated above, at 3:50 a.m.

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

Chronic Myocarditis  
many years duration  
93, a  
Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
Mitral Stenosis  
& Regurgitation

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chronic Was there an autopsy? No

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) L. J. Martz, M. D.  
(Address) 815 McGehee

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*H. F. C. 3111  
815 301. Ave*

*V.I. 3897*

*9-12*

**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.**