

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

Registration District No. 1

Primary Registration District No. 3038

1. PLACE OF DEATH: 3
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Academy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jerry Callahan H-50
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mary Ann Burke
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 21 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 29
If less than one day hr. min.

9. Birthplace Peatone Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business 5

12. Name John Callahan 5
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sister Mary Aquinas R.S.M.
(b) Address 369 So English St Marshall, Mo (Callahan)

17. (a) Burial (b) Date thereof Sept. 22 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary, Kansas City, Mo.

18. (a) Signature of funeral director Don Short
(b) Address Marshall, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 369 So. English
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 20
year 1939 hour 11 P.M. minute 45 P.M.
21. I hereby certify that I attended the deceased from June
1939 to Sept 20 1939
that I last saw him alive on Sept 20 1939
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach
Due to: 46
Duration at least 2 yrs

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Confirmed by X-ray
Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

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 _____
23. Signature W. J. [unclear] (M. D. 1935)
Address Marshall, Mo. Date signed 9/22/39

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.....

Ronald W. Short, Registered Apprentice No.....
working under my personal supervision.

Signed *Ronald W. Short*

Licensed Embalmer No. *3757*

P. O. Address *Marshall 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30318
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jerry Callahan

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann Burke

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1939 to Sept 20 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-1870

I first saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 6 29

Cancerous of Stomach

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

Other contributory causes of importance:
Confirmed by X-ray

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pestone Illinois

Name of operation _____ Date of _____

FATHER 13. NAME John Callahan

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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)

MOTHER 15. MAIDEN NAME undivided

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

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

Manner of injury _____ Nature of injury _____

17. INFORMANT (ADDRESS) Sister Mary Ann Burke 369 S. English St. Marshall Mo

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo DATE 9-23 1939

(Signed) W. K. Nif, M. D.
 (Address) Marshall Mo

19. FUNERAL DIRECTOR (ADDRESS) Low Sheet Marshall Mo

20. FILED 10-10-39 Mary Kent Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Do not check. C. C. UNION IS THE STRONGEST.
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-30318