

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4327 Askew
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 4 months
years, months or days

3. (a) PRINT FULL NAME Robert Joseph Callen

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept 6 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 4 15
hr. min.

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name Wallace Callen

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Harper

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bernice Callen

(b) Address 4327 Askew

17. (a) Burial (b) Date thereof 1-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Over

18. (a) Signature of funeral director Mrs. L. Fisher

(b) Address 918 Brooklyn K.C. Mo

19. (a) Jan 23 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 4327 Askew
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month Jan. day 21
year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 1-17-41, 19... to 1-21-41, 19...
that I last saw him alive on....., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Bacterial Septicemia
Due to Staphylococcus aureus
Due to 64
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

(Specify type of place) While at work? (e) Means of injury 3
23. Signature Russell J. Fisher (M. D. or other)
Address Kansas Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

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 *R. J. Downing*.....

Licensed Embalmer No. *2724*.....

P. O. Address *R. C. ...*.....

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, fact should be so stated above.