

FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14083

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 5 mos 1 day
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charlotte A Callahan

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex F / 5. Color or race W

6. (a) Single; widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 3 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>+5</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Callahan

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

14. Maiden name Mary Campbell

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

16. (a) Informant Hospital Records

(b) Address State Hosp # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1941
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Joyce Funeral Home

(b) Address 32nd & Main St. K.C. Mo

19. (a) Apr 15, 1941 (Date received local registrar) (b) R. McCreary (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1652 Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1941 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 5
_____ 1941, to April 14 _____ 1941;
that I last saw her alive on April 14 _____ 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Rt. terminal
pneumonia
generalized arteriosclerosis

Duration 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) IDA

Major findings: Of operations _____

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? NO

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Katherine Shirley (M. D. or other) J.M.D.

Address State Hospital # 1 Date signed 4-14-41

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

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.....

Howard Roe....., Registered Apprentice No. *1719*
working under my personal supervision.

Signed *Groen Joyce*.....

Licensed Embalmer No. *1719*

P. O. Address *Kansas City, 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, fact should be so stated above.