No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34373

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1019

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

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 99

(c) City or town Wathena 14
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Alexander McCallan

3. (b) If veteran, name war No

3. (c) Social Security No. 488-22-9312

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Lee McCallan

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased ~~Oct~~ May (Month) 10 (Day) 1892 (Year)

8. AGE: Years 49 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Automobile

FATHER
12. Name John McCallan
13. Birthplace Wathena (City, town, or county) / Kans (State or foreign country)

MOTHER
14. Maiden name Maria Diamond
15. Birthplace Wathena (City, town, or county) / Kans (State or foreign country)

16. (a) Informant Lillie Lee McCallan
(b) Address Wathena Kans

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 23 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Wathena Kans

18. (a) Signature of funeral director A J Dodds
(b) Address Wathena Kans.

19. (a) Oct. 24, 1941 (Date received local registrar) (b) N. J. Nestlebush (Registrar's signature) M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd year 1941 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from Oct 10th, 1941, to Oct 23rd, 1941; that I last saw him alive on Oct 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: dissecting aneurysm of ascending aorta	1 yr?
Due to hypertension	2 yrs?
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy dissecting aneurysm of descending aorta	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John L. Forgrove (M. D. or other) M. D.
Address 731 Faraon St. St. Joseph Date signed 10-24-41

(Licensed Embalmer's Statement on Reverse Side)

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.....A J Dodds.....

Licensed Embalmer No. Mo 3023

P. O. Address.....Wathena Kans.

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.

U. S. No. 2B
10M—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34 372

Registration District No. 85 Primary Registration District No. 1001 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alexander McCallan
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May 10 1892 (Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dissecting Aneurysm of descending aorta	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address: Date signed

SUPPLEMENTARY

Dissection negative
non-syphilitic
Aortic hypertension
of considerable
degree