

Registration District No. 399

Primary Registration District No. 1002

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

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: 1217 Summote Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)
In this community 20 years

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. 1217 Summote Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 10 years.

3. (a) PRINT FULL NAME Annie Bell Callaway

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

7. Name of husband or wife Thomas Callaway 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 1 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Heroy Johnson

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

14. Maiden name House Fowler

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

16. (a) Informant Rev. Thomas Callaway

(b) Address 1217 Summote Ave

17. (a) Burial (b) Date thereof 12-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director H. A. Moore

(b) Address 1217/27/41 E 18th St.

19. (a) 12/27/41 (b) M. M. Cron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 2 - year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-17-41 to 12-23-41
12-25-41 to 12-23-41, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct
secondary following type
arteriosclerosis/cerebral apoplexy
Due to Hypertension of the heart
Dissecting aortic aneurysm
Due to apoplexy

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

Major findings: Of operations § 30
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 J. B. Spidbury (M. D. or other) _____

Address 824 S. 4th Ave Date signed _____

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. T. Moore

Licensed Embalmer No. *948*

P. O. Address *1820 E 18th*

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.