

APR 8 1943

Registration District No. 91

Primary Registration District No. 5236

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town rural-Osage township
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town rural-Osage township
(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 Fern Ellen Callahan

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

4. Sex female 5. Color or race White 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 March 26 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 20 hr. _____ min.
If less than one day

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

10. Usual occupation infant

11. Industry or business _____

12. Name Landis Jefferson Callahan
13. Birthplace Crawford County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ava Mary Lucretia Conaway
15. Birthplace Crawford County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Landis Callahan
(b) Address Cherryville Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Martin Burial Ground

18. (a) Signature of funeral director A. Robertson
(b) Address _____

19. (a) 3-30-43 (b) E. E. Fritz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 26 1943 to March 28 1943; that I last saw her alive on March 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Thymic death Duration _____

Due to Thymus gland.

Due to _____

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

Major findings: _____
Of operations _____

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)
(c) Means of injury _____

23. Signature William Robey D.D. (City, or other) _____
Address Reelville Mo. Date signed 3/29/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number 443214

Date Filed 4-7-43

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.....

Not embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.