

ED JUN 7 1943 149
Registration District No. _____

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:
4007 Virginia /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Nov. 1942 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Ann Callahan

3. (b) If veteran, name war none

3. (c) Social Security No. none

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 February 7, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>6</u>	hr. _____ min. <u>1</u>

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

10. Usual occupation Teacher

11. Industry or business Teaching & Education

MOTHER FATHER {

12. Name John Callahan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Julia Callahan

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Downey

(b) Address 4007 Virginia

17. (a) removal (b) Date thereof May 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charlotte, Iowa

18. (a) Signature of funeral director [Signature]

(b) Address 3146 Main Street

19. (a) 5-13-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4007 Virginia 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 2 minute 45 am.

21. I hereby certify that I attended the deceased from 5-12-43
_____, 1943, to 5-13-_____, 1943;
that I last saw her alive on 5-12-_____, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 5-12-43

Due to Hypertension - (21) Stroke

Due to arteriosclerosis

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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 N. C. Speed (M. D. or other) _____
Address 3204 Coleman K. C. Mo Date signed 5-13-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Park G. Rowe*

Licensed Embalmer No. *2347*

P. O. Address..... *Kemo*

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.