

FILED AUG 6 1943 149

Registration District No. _____ Primary Registration District No. 1002

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:
General Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day, (Specify whether
In this community Life years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas; (b) County Wyandotte
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 18 North Thorp Street,
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Sergeant William H. Callahan

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 12
year 1943 hour 3:15 minute 9 M.

3. (b) If veteran, name war World War #2 3. (c) Social Security No. 495-01-2200

21. I hereby certify that I attended the deceased from Crown 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, single

Immediate cause of death Subarachnoid hemorrhage of the brain
Arteriovenous aneurysm of the skull

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

7. Birth date of deceased June 18 1910
(Month) (Day) (Year)

Due to Fracture of the skull
Due to Automobile transportation

8. AGE: Years 33 Months 2 Days 24 If less than one day hr. _____ min.

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

Other conditions (Include pregnancy within 3 months of death) 1700-8
Major findings: Of operations _____
Of autopsy see above

10. Usual occupation Member of Officer Personnel

11. Industry or business Army Radio School

12. Name Frank Callahan

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

14. Maiden name Edwyna C. Brady

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

16. (a) Informant Frank V. Callahan,

(b) Address 18 N. Thorp, Kansas City, Kansas,

17. (a) Burial (b) Date thereof 7-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 7-13-43 (b) _____
(Date received from informant) (Signature of informant)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 123
(b) Date of occurrence 7/11/43
(c) Where did injury occur? K.C. Mo. Jackson Co.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
63rd & Wood Plz - public place
While at work _____ (Specify type of place)
Means of injury Private
23. Signature [Signature] (M. D. or other) Cuch
Address K.C. Mo. Date signed 7/12/43

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

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.