

S. No. 2  
M-2.43  
5-17-38  
PI 100

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29160**

REG. SEP 13 1943  
Registration District No. **00**

Primary Registration District No. **029**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: **Reynolds**

(a) County **Reynolds**

(b) City or town **Rural Logan**  
(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 \_\_\_\_\_)  
**Life**

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED: **98**

(a) State **Mo.** (b) County **Reynolds**

(c) City or town **Rural**  
(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 **Christofer C. Callahan**

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 **Widowed**

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

7. Birth date of deceased **Oct. 10 1850**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>92</b>	<b>10</b>	<b>14</b>		hr. _____ min.

9. Birthplace **Beefork Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Grover Callahan**

(b) Address **Ruble Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-26-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mooney Cemetery**

18. (a) Signature of funeral director **Leuckel Funeral Service**  
(b) Address **Ellington Mo.**

19. (a) **Aug. 30-43** (Date received local registrar) (b) **Essie Evans** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24**  
year **19 43** hour **4:30** minute **P. M.**

21. I hereby certify that I attended the deceased from **Aug 21 - 1943**  
**to Aug 24**, 1943, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on **Aug 24**, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Infirmities of old age**

Due to **Interstitial Nephritis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **131a**  
Of autopsy \_\_\_\_\_

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 **3**

23. Signature **J.R. Patten M.D.** (M. D. or other)

Address **Waterloo Mo.** Date signed **Aug 27 1943**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1136

RECEIVED

District Health Officer No. 5,

District File Number

943458

Date Filed

9-11-43

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 8-24-43

Registered Apprentice No.

working under my personal supervision.

Signed

Philip A. Leuchel

Licensed Embalmer No.

2936

P. O. Address

Van Buren Inc

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.