No. 2
-1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38080

Registration District No. 91 Primary Registration District No. 5830 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town rural-Osage township
(If outside city or town limits, write "RURAL" and name of 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 28

(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 0

3. (a) PRINT FULL NAME Nella 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 November (Month) 12 (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. 15 min.

9. Birthplace Crawford County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Arvel Esco Callahan
13. Birthplace Crawford County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Emma Viella Bryant
15. Birthplace Crawford County (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Arvel Callahan
(b) Address Davisville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 13 (Day) 43 (Year)
(c) Place: burial or cremation Cherryville, Mo

18. (a) Signature of funeral director J. J. Irvie
(b) Address Davisville, Mo.

19. (a) Nov 15-1943 (Date received local registrar) (b) E. E. Geet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12 year 1943 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from Birth Nov. 12 1943 to death Nov. 12 1943 that I last saw her alive on November 12 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Anoxemia	
Due to Tracheal Atresia.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

15 ng

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? ..... (Specify type of place)

While at work ..... (e) Means of injury ✓

23. Signature Lilliane Robey (M. D. or other) DO

Address Steelville Mo Date signed 11/12/43

21

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1243675
Date Filed 12-4-43

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.