

FILED DEC 18, 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5007

Registrar's No. 317

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Salt Run Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 47 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. RFD # 1  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sylvester Carl Callahan

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1944 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1944 to Nov. 23, 1944 that I last saw him alive on Nov. 23, 1944 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 Married

6. (b) Name of husband or wife Sarah Callahan 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 21, 1886  
(Month) (Day) (Year)

Immediate cause of death: Coronary thrombosis

Due to Chronic myocarditis 1 yr.

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

8. AGE: -Years Months Days If less than one day

|    |   |   |          |
|----|---|---|----------|
| 58 | 5 | 2 | hr. min. |
|----|---|---|----------|

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

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business Agriculture

12. Name Charles O. Callahan

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

14. Maiden name Anna Reedy

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

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? \_\_\_\_\_

16. (a) Informant Marie C. McCuskey

(b) Address Breshear, Mo. RFD # 1

17. (a) Burial (b) Date thereof 11/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

23. Signature Spencer L. Freeman (M. D. or other) MD.

Address Kirkville, Mo. Date signed 11/30/44

18. (a) Signature of funeral director Dani's Funeral Home

(b) Address Kirkville, Mo.

19. (a) 12-2-44 (b) Dr. J. L. Wagner  
(Date received local registrar) (Registrar's signature)

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

1  
3  
3

1  
5  
5

MOTHER FATHER

1249

RECEIVED

District Health Officer No. 10

District File Number 12-44-209

Date Filed DEC 15 1944

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. L  
working under my personal supervision.

Signed.....

*Bowden Beatz*

Licensed Embalmer No. 4379

P. O. Address Kirksville, Md

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.