

FILED JUL 14 1945

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boon 14

(c) City or town Columbia (If outside city or town limits, write "RURAL") 1

(d) Street No. 618 1/2 (If rural, give location) 2

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

If yes, name country _____

3. (a) PRINT FULL NAME JOE GOLLAHER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph Callahan 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased: 3-1-1884 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 33 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name George Callahan

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

14. Maiden name Matilda Parvett

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

16. (a) Informant Records State Hosp No 1

(b) Address Fulton Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-4-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia Mo

19. (a) 6-4-1945 (Date received local registrar) (b) J. J. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1945 hour 8:40 minute _____ M.

21. I hereby certify that I attended the deceased from June 4 1945, to June 4 1945; that I last saw him alive on June 4 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of heart

Due to _____

Due to _____

Other conditions Bronchial Pneumonia (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external cause, 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) _____ (Means of injury)

23. Signature [Signature] (M. D. or other) _____ Address Fulton Mo Date signed 6-4-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14
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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-13-45

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 M. D. Whitides

Licensed Embalmer No. 3893

P. O. Address Palmyra, N.Y.

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.