

S. No. 2  
M-543  
7-5-17-39  
I X36671

**FILED NOV 7 1945**  
Registration District No. **149**

Primary Registration District No. **1002**

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

**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:  
**1217 Guinotte /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **50 years** years, months or days)

**3. (a) PRINT FULL NAME (Elder) Thomas C. Calloway**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Laura Calloway**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Unknown 1862**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>83</b>			hr. min.

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

**10. Usual occupation** **Minister**

**11. Industry or business** **Unknown**

**12. Name** **Unknown**

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

**14. Maiden name** **Unknown**

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

**16. (a) Informant** **Laura Calloway**

**(b) Address** **1217 Guinotte**

**17. (a) burial** (Burial, cremation, or removal)

**(b) Date thereof** **10/26/45**  
(Month) (Day) (Year)

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

**18. (a) Signature of funeral director** **Hatkins Bros**

**(b) Address** **1729 Lydia**

**19. (a) 10-26-45** (Date received local registrar)

**(b) Geraldine Holmes** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1217 Guinotte** **8**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **20**  
year **1945** hour **1:20** minute **P.** M.

**21. I hereby certify that I attended the deceased from**  
**Sept 6**, 1945 **Oct 20**, 1945  
that I last saw him alive on **Oct 20**, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Cardiovascular unknown**  
(Include pregnancy within 3 months of death)

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

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

Duration **24 hrs**

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

**23. Signature** **D.M. Miller** (M. D. or other)

**Address** **1605 E. 18**

**Date signed** **10-26-45**

Dr. D. M. Miller

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

*J. Manlove*

Licensed Embalmer No

*3994*

P. O. Address

*2503 Highland*

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.