

males
FILED NOV 13 1946
Registration District No. 267

Primary Registration District No. 3049

State File No. _____

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti
(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)
In this community 25 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Hayti
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Carl C. Callahan

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucille Callahan 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 25, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 3 hr. min.

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

10. Usual occupation truck operator

11. Industry or business truck hauling for self

MOTHER FATHER { 12. Name Douglas Callahan
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Missouri Level
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Callahan
(b) Address Hayti Mo.

17. (a) burial (b) Date thereof 10/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo.
Valhalla Funeral Home

18. (a) Signature of funeral director Hayti Mo.

(b) Address _____
19. (a) 10/31/46 (b) L. Kellen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1946 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from 9-28-46 to 10-28-46
that I last saw him alive on 10-28-46
and that death occurred on the date and hour stated above.

Immediate cause of death Famulus Duration _____

Due to apoplexy

Due to hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 53A
Of autopsy _____

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 L. Masters (M.D. or other)
Address Hayti Mo. Date signed 10/30/46

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

11-46-235

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 Jack Kelly

Licensed Embalmer No. 3788

P. Q. Address Hart mo

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, above space should be left blank.