

FILED AUG 6 1947

Registration District No. 156

Primary Registration District No. 20M

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jesse
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County han/ounce 55
(c) City or town Pierce City 4
(If outside city or town limits, write "RURAL") 6
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Richard O'Callahan

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

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

6. (b) Name of husband or wife Dora O'Callahan 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 20 1887
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name William O'Callahan 2

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

14. Maiden name Mary McLaughlin

15. Birthplace Indiana 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William O'Callahan

(b) Address Pierce City

17. (a) Burial (b) Date thereof 6 15 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City Cemetery

18. (a) Signature of funeral director William Russell
(b) Address Pierce City Mo

19. (a) 6-22-47 (b) Charles Lamphorn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1947 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from June 11
1947 to June 12 1947

that I last saw him alive on June 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tobacco poisoning 36hr
Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 108

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 2

Signature Dr. C. B. ... (or other) Do

Address Pierce City Mo Date signed June 5 47

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

MOTHER FATHER

47-7-608

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Gordon Bennett
Licensed Embalmer No. 4213
P. O. Address Mount

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.