No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27800
Registrar's No. 3434

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: Room 411, Bray Hotel 3
(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: 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Johnson 999
(c) City or town: Mission 14
(If outside city or town limits, write "RURAL")
(d) Street No.: 5724 Nall Road
(If rural, give location)
(e) Citizen of foreign country?: no (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: James Wood McCALLUM
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Nora McCallum
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: September (Month) 20, (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
68	10	20	hr. min.

9. Birthplace: Aberdeen, (City, town, or county) Scotland (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Contractor

FATHER
12. Name: James Wood McCallum
13. Birthplace: --- (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name: Agnes Grey
15. Birthplace: --- (City, town, or county) Scotland 4 (State or foreign country)

16. (a) Informant: Mr. Angus McCallum
(b) Address: 911 W. 48th, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 8-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 10
year: 1947 hour: 2 am minute: M.
21. I hereby certify that I attended the deceased from: May 1, 1947 to: August 10, 1947
that I last saw h. alive on: August 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Due to: arteriosclerotic Heart Disease
Due to:
Other conditions: asthma
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: 13 d

Duration

PHYSICIAN
Underline the cause of 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: William Barry (M. D. or other) MD
Address: 4301 Main St Date signed: 8/10/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 Glen E. Peck

Licensed Embalmer No. 4063

P. O. Address K. C. 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, fact should be so stated above.