FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4755

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 525

WRITE PLAINLY—USING 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: 3509 Thompson Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 3519 Thompson Avenue (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Margaret CALLAHAN
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jeremiah D. Callahan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) 1875 (Year)

8. AGE: Years 72 Months - Days - If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4
10. Usual occupation ~~At home of children~~
11. Industry or business none
FATHER
12. Name Jerry Nolan
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Michael J. Callahan
(b) Address 3220 St. John Ave., K.C., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 2-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 9-14, 1947, to 2-5-, 1948 that I last saw her alive on 2-5-, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute cardiac dilatation c̄ myocardosis	30 min
Due to arterial sclerotic Hypertensive heart disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 93 d
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Thos. P. McHale M.D. (M.D. or other)
Address 4620 Ludlow Ave Date signed 2-6-48

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

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 Donald M. Mallatt, Registered Apprentice No. 75 working under my personal supervision.

Signed Glen E. Heck

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.