

FILED MAY 17 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Wash Jc
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hosp 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 3 mos. 19 days
(Specify whether
In this community 2 yrs 3 mos 19 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3322 Tracy
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME ALBERT-M^cCALLUM

8. (b) If veteran, name war no (c) Social Security No. none

4. Sex m. 5. Color or race wh. 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Burdie M^cCallum 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Feb 3, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 24 - hr. - min.

9. Birthplace Hays Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation f. contractor

11. Industry or business none

12. Name George M^cCallum

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

14. Maiden name Mary M^cMcCall

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

16. (a) Informant Records State Hosp 3

(b) Address Nevada Mo.

17. (a) CREMATION (b) Date thereof 4-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETARY

18. (a) Signature of funeral director STINE & McCLURE

(b) Address KANSAS CITY, MO

19. (a) 5-10-48 (b) Walshyn Yancin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1948 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Jan 8, 1948, to April 27, 1948.
that I last saw him alive on April 26, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to

Due to

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

Major findings: Diabetes - mellitus

Of operations no

Of autopsy no

22. If death was due to external causes, file in the following: no

(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 Paul L Barone (M. D. or other)

Address State Hosp 3 Date signed April 27

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

48
3
8
1

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District Health Officer No. 7,
District File Number 4-48-520
Date Filed 5-15-48

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 Allen J. Kaye
Licensed Embalmer No. 1968
P. O. Address Nebraska, 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.