

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 30706

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) (Blue) (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3 (Rural) (Blue)	
c. LENGTH OF STAY (In this place) 6 yrs		d. STREET ADDRESS (If rural, give location) 539 Evanston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 539 Evanston			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) I	
		c. (Last) Callaway	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1949			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 12, 1874
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Dublin, Ireland
11. BIRTHPLACE (State or foreign country) Dublin, Ireland		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Ross		13b. MOTHER'S MAIDEN NAME Mary Brown	
14. NAME OF HUSBAND OR WIFE Everett B. Callaway			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie R. Pendland		ADDRESS Kansas City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhages (2) DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH years months days 3 3 1 X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/22, 1949, to 8/30, 1949, that I last saw the deceased alive on 8/30, 1949, and that death occurred at 8:57 a.m., from the causes and on the date stated above.			
23a. SIGNATURE W. H. Hinkinson		23b. ADDRESS 401 First Natl. Bank Independence, Mo. Bldg.	
(Degree or title) M.D.		23c. DATE SIGNED 8/31/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-3-49	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. Sept. 2-1949		REGISTRAR'S SIGNATURE [Signature] 354	
FUNERAL DIRECTOR'S SIGNATURE Rob. Larson		ADDRESS Independence, Mo.	

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

SEP 13 RECD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John B. Keenan

Licensed Embalmer No. 4704

P. O. Address Independence, 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.