

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 7 1941

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 041
CERTIFICATE OF DEATH**

25207
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 348
 (b) Township _____ Primary Registration District No. 4206 Registered No. 316
 (c) City Brownington (d) Street No. _____ Registrar's No. 11704
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Betty Lou Callahan

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Brownington (STATE OR COUNTRY) Missouri

13. NAME Morris Callahan

14. BIRTHPLACE (CITY OR TOWN) Brownington (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Margarett Middaugh

16. BIRTHPLACE (CITY OR TOWN) Ladue (STATE OR COUNTRY) Missouri

17. INFORMANT Morris Callahan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood Cem. DATE 8-1-41

19. FUNERAL DIRECTOR (NAME) Chas. R. Prokett (ADDRESS) Brownington MO

20. FILED Aug 1 1941 H. C. Taylor, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31st 1941

22. I HEREBY CERTIFY, That I ~~deceased~~ deceased from _____

I last saw her live on July 31st 1941; Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

Result of breathing being shut off by spasm of larynx, after 6 days with white patch causing death. Death from suffocation.

Other contributory causes of importance: K

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 31, 1941

Where did injury occur? Brownington, Mo. Henry Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Death shut off by body of

Nature of injury: Substitution

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify W. C. Jennings, Coroner

(Signed) W. C. Jennings, M. D.

(Address) Clinton, Mo. 64601

July 31, 1941

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1209

Date Filed 8-4-41

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25207
Registrar's No. 11764

Registration District No. 348

Primary Registration District No. 4206

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Betty L. Callahan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Norah Callahan
(b) Address Brownington, Mo.

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug-1-1941 (b) C. D. Taylor, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Brownington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 3
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Handwritten notes at top left, including "S-25207" and other illegible scribbles.

S-25207

Handwritten notes in the middle right section, including "S-25207" and other illegible scribbles.

Handwritten notes at the bottom right, including "S-25207" and other illegible scribbles.

MADE IN U.S.A. (Vertical text on the right edge)