

## OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

62253

Reg. Dist. No. 5790

State File No.

Primary Reg. Dist. No.

## CERTIFICATE OF DEATH

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; otherwise before admission). a. STATE <b>Ohio</b> b. COUNTY <b>Hamilton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) VILLAGE <b>Jefferson</b>		c. LENGTH OF STAY (in this place) <b>83 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Center, Dayton, Ohio</b>		d. STREET (If rural, give location) ADDRESS <b>3734 Warsaw Ave.</b>	
3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (TYPE OR PRINT) <b>Wese L. CALLAHAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 13, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 3, 1888</b>
9. AGE (In years last birthday) <b>67</b>		Months <b>2</b>	Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Newspaper Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - -</b>	11. BIRTHPLACE (State or foreign country) <b>Lyons, Ind.</b>
13. FATHER'S NAME <b>John Callahan</b>		14. MOTHER'S MAIDEN NAME <b>Thiletha Skimp</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE <i>W. K. Henderson</i> <b>WAC, Dayton, Ohio</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma of liver.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Adenocarcinoma of rectum.</b> the underlying cause last. DUE TO (c) <b>154X</b>	
19a. DATE OF OPERATION <b>7-26-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Laparotomy and celostomy - Carcinoma of rectum with metastases to liver.</b>	
20. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <b>11 months</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, canal building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21e. INJURY OCCURRED While at <input type="checkbox"/> 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 <b>June 22, 1953</b> , to <b>Sept. 13, 1953</b> , and that death occurred at <b>4:45 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. G. Beckman, Jr., M. D., Asst. Ch., Surgical Ser., Dayton, Ohio</b>		23b. ADDRESS <b>4100 W. Third Street</b>	23c. DATE SIGNED <b>9-14-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>SEPT 16/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SPRING GROVE CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>CINCINNATI OHIO</b>
Sub-Registrar's Signature <i>Mary R. Funder</i>		NAME OF EMBALMER (LIC. NO.) <b>V. J. MEYER 4711A</b>	
DATE REC'D BY LOCAL <b>9-21-53</b>	REGISTRAR'S SIGNATURE <i>Mary R. Funder</i>	25. MUNICIPAL DIRECTOR'S SIGNATURE <i>B. J. Meyer</i>	(LIC. NO.) <b>1231</b>

MARGIN RESERVED FOR BINDING THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK

## INFORMATION CONCERNING THE BURIAL OF DECEASED VETERANS

## FUNERAL DIRECTORS ARE REQUIRED BY LAW TO FURNISH THE FOLLOWING ADDITIONAL INFORMATION ON A VETERAN'S CERTIFICATE OF DEATH

Name of deceased **CALLAHAN, Wese L.**

Date of birth **July 3, 1888** Date of death **Sept. 13, 1953** Date of burial **9/16/**

Name of War or dates of service **4-26-18 to 11-26-18**

Was deceased honorably discharged? **Yes** Date **11-26-18**

Rank or grade at discharge **Cpl.**

Service (as Army, Navy, Marine, Coast Guard, Woman's Army Corps, etc.) **Army**

Organization (as Regiment, Battalion, Fleet, Squadron, Command, Wing, Station, Group, etc.)

Unit in Organization (as Company, Battery, Ship, Flight, etc.)

Branch of service (as Infantry, Coast Artillery, Airborne Engineers, etc.) **Inf.**

Name of Cemetery **Spring Grove**

Location of Cemetery  
County **Hamilton**  
Township  
Village **Cincinnati**  
City

Name or number of section in cemetery **127**  
Number of lot **A 3.2**  
Number of grave **A 3 x 4**

Information relative to a deceased veteran may be secured from the Veteran's Discharge Papers.