

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

Reg. Dist. No. 392
 Primary Reg. Dist. No. 8187

State File No. 69704
 Registrar's No. 4162

1. PLACE OF DEATH:

(a) County Franklin

(b) Columbus
(City, Village, Township)

(c) Name of hospital or institution: White Cross Hosp
(If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution _____
(Days)
 In this community _____
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Franklin

(c) City or village Columbus
(If outside city or village, write RURAL)

(d) Street No. 2438 Glenmawr Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. FULL NAME: John McCallister

(a) If veteran, name war _____ (b) Social Security No. 300-07-8517

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Jane J. McCallister (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 19 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. Date of death: Month Oct day 18
 year 46 hour 2 minute 45 PM

21. I hereby certify that I attended the deceased from 9-15-46, 19____, to 10-18, 1946
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Duration _____

Immediate cause of death Bronchial pneumonia

8. AGE: Years 67 Months 8 Days 29 If less than one day _____ hr _____ min.

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

10. Usual occupation Baseball Scout

11. Industry or business Boston Braves

12. Name Louis McCallister

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

14. Maiden name Elizabeth Dick

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

16. (a) Informant's signature Jane J. McCallister

(b) Address Columbus Ohio

Due to Central arterio sclerosis

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings of operation Autopsy
Mild Hydrocephalus

Major findings of autopsy _____

Underline the cause to which death should be charged statistically.

17. (a) Burial, cremation, or other: Green Lawn (b) Date 10-21-46
(Month) (Day) (Year)

(c) Place _____

(d) H. A. Peters 3355A
(Name of Embalmer) (Lic. No.)

18. (a) Schoedinger & Co 85
(Signature of Funeral Director) (Lic. No.)

(b) Address Columbus Ohio

19. (a) 10-22-46 (b) Leslerud
(Date received local registrar) (Registrar's signature)

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 Village) (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) How did injury occur? _____

23. Signature H. C. Smith
(Specify if Doctor of Medicine or Osteopathy)
 Address 9 Bwalis Ave Date signed _____

Mother