REC'D NOV 21 1938

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

34557
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1907
Registered No. 3893
(d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Gallagher Jr.
(a) Residence, No. 1420 Sterling St. Independence Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 6, 1922
7. AGE: YEARS 16 MONTHS 0 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: At school
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: Harry W. Gallagher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Missouri

MOTHER
15. MAIDEN NAME: Genevieve Keer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ansley Nebraska

17. INFORMANT (ADDRESS): Harry W. Gallagher 1420 Sterling Independence Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. Kansas City Mo. DATE Oct. 8, 1938
19. FUNERAL DIRECTOR (ADDRESS): George C. Carson Independence Mo.
20. FILED Oct 6 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-6, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938 to Oct. 6, 1938
I last saw him alive on Oct. 6, 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Typhoid Fever — Date of onset 3 wks

Other contributory causes of importance:
Hemorrhage from Bowel

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Dr. John O. Skinner, M. D.
(Address) 1402 Bryant Bldg.

Dr. John O. Skinner (Licensed Embalmer's Statement on Reverse Side) 11 4 Grand

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)