V. S. No. 2
M—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5514

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 739

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community -- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 603 So. Hutting - Vermont (If rural, give location)

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

3. (a) PRINT FULL NAME Rudolph John Galatis

3. (b) If veteran, name war none

3. (c) Social Security No. 487-05-5096

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Galatis

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased January (Month) 12 (Day) 1903 (Year)

8. AGE: Years 37 Months 1 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business Sheffield Steel Corp

FATHER
12. Name Joseph Galatis
13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Mrs. Ruth Galatis

(b) Address 603 So. Hutting - Vermont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) Feb. 19, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 2/1, 1940, to 2/16, 1940; that I last saw him alive on 2/15, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Bronchial Peritonitis	
Due to: Carcinonoma R Lung	4
Due to: Carcinoma Liver (Primary)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy alone.

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 10307 Indep Ave Date signed 2/16/39

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Perez

Licensed Embalmer No. 4127

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, above space should be left blank.