

Registration District No. 1105

Primary Registration District No. 6264

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Scott Illinois  
 (a) County: Scott Illinois  
 (b) City or town: Rural  
 (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 \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Mo (b) County: Scott  
 (c) City or town: Rural - Illinois  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: R. 7. 8 #1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.: Native years.

3. (a) PRINT FULL NAME: Lucinda Gallard 463  
 3. (b) If veteran, name war: \_\_\_\_\_  
 3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: Married  
 6. (b) Name of husband or wife: Thomas P. Gallard  
 6. (c) Age of husband or wife if alive: 9 66 years  
 7. Birth date of deceased: May 9 1864  
 (Month) (Day) (Year)

8. AGE: Years: 75 Months: 10 Days: 17  
 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Casey Ill.  
 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: \_\_\_\_\_  
 12. Name: Isaac Hicks  
 13. Birthplace: Casey Ill.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Don't know  
 15. Birthplace: "  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Bray Foley  
 (b) Address: 2226 Main St. Buffalo N.Y.  
 17. (a) Burial (b) Date thereof: 3-28-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Lightsey Cem. Illinois Mo  
 18. (a) Signature of funeral director: W. J. Danner  
 (b) Address: Illmo Mo.  
 19. (a) 3/28/40 (b) W. J. Danner  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month: March day: 26  
 year: 1940 hour: 7 minute: 15 P. M.  
 21. I hereby certify that I attended the deceased from JUNE - 16, 1937, to 3-25, 1940  
 that I last saw her alive on 3-25, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Failure of circulation  
 Due to: Chronic Myocarditis 2 yrs  
Arteriosclerosis  
 Due to: Chronic Nephritis  
 Other conditions: Diabetes Mellitus 10 yrs  
 (Include pregnancy within 3 months of death)

PHYSICIAN: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: \_\_\_\_\_  
 Of operations: 54  
 Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_ (a) Means of injury: \_\_\_\_\_  
 23. Signature: Fred W. Martin (M.D. or other) D.O.  
 Address: Illmo Date signed: 3-28

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.

RECEIVED

District Health Officer

District File Number 540-

Date Filed 5/6/

APR 21 1958

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 Mamie Bueplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee M

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.