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13-40
17-39
X23139

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 300

RECEIVED
DEC 31 1940

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton, mo
(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs, 11 mo, 18 days
(Specify whether years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Rural - Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME JOHN GALWITZ
3. (b) If veteran, name war DK 3. (c) Social Security No. DK

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 13 year 1940 hour 10 minute 45 A M.

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife DK 6. (c) Age of husband or wife if alive DK years

21. I hereby certify that I attended the deceased from Nov 25, 1935, to Nov 13, 1940.
that I last saw him alive on Nov 13, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation Duration 1 day

8. AGE: Years Months Days If less than one day
approx 75 hr. min.

Due to chronic myocarditis ?
Due to meningeo vascular syphilis ?

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation laborer

Major findings: Of operations 24

11. Industry or business

Of autopsy

12. Name Harvey Galwitz

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

14. Maiden name DK

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

16. (a) Informant Joe Galwitz (Brother)

(b) Address Williamsburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Bank

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? no

(Specify type of place) While at work? (e) Means of injury

23. Signature John J. Blakemore (M. D. or other)
Address Fulton, Mo Date signed

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

1
2
2

MOTHER FATHER

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.....

Walter P. Hedges

....., Registered Apprentice No. *263*

working under my personal supervision:

Signed..... *Glen Y. Mansain*

Licensed Embalmer No. *2725*

P. O. Address *Fulton, 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, fact should be so stated above.