

FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **3603**

Registration District No. **4365**

Primary Registration District No. **621**

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

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Seneca**  
(c) Name of hospital or institution:  
**City**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **40 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**  
(c) City or town **Seneca, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? **85 years** \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **19**  
year **1941** hour **6** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Jan. 18, 1941** to **Jan 19, 1941**  
that I last saw her alive on **Jan 19, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**  
**Tobacco type**

Duration **4 day**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

545 While at work? \_\_\_\_\_ (Specify type of work) \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_

23. Signature **John B. ...** (M. D. or other) **Dr**  
Address **294 Seneca Mo** Date signed **1-20-41**

3. (a) PRINT FULL NAME **Anna H. Gallenkamp**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **German** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **Herman Gallenkamp** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 9, 1855**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **6** Days **10** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

12. Name **Henry Schutte**

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

14. Maiden name **Myer**

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

16. (a) Informant **Elsie Gallenkamp**

(b) Address **Seneca, Mo.**

17. (a) **Burial** (b) Date thereof **1-20-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seneca, Mo.**

18. (a) Signature of funeral director **Blut ...**

(b) Address **Seneca, Mo.**

19. (a) **Jan 21-1941** (b) **Merle Sparlin**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6;

District File No. 141-258

Date Filed FEB 8 1941

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**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.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**