

REC FEB 14 1941
701

Registration District No. 701 Primary Registration District No. 174275931 Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Polk

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

(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 _____ (Specify whether)

In this community lifetime years, months or days

3. (a) PRINT FULL NAME: Eugene Gallivan

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>8</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Cooper County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

MOTHER FATHER

12. Name Jerry Gallivan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Gallivan

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Watson
(b) Address Bolivar, Mo

17. (a) Burial (b) Date thereof Jan 9 -
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director White & Ewin Funeral Home
(b) Address Bolivar, Mo

19. (a) [Signature] (b) [Signature]
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Bolivar, Mo (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 6 mi N.W. of Bolivar
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1940 hour 7:25 minute P M.

21. I hereby certify that I attended the deceased from 1-5 1940 to 1-7 1941;
that I last saw him alive on 1-7 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from bowels

Due to Carcinoma of rectum

Other conditions (Include pregnancy within 3 months of death) 468

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? 6:30 (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 0
Address Bolivar Date signed 1-8-41

RECEIVED

District Health Officer No. 7,

District File Number 2-41-341

Date Filed 2-13-41

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 _____

Personally, _____, Registered Apprentice No. _____
working under my personal supervision.

Signed William B. Ewin

Licensed Embalmer No. 3092

P. O. Address Bethesda, Md.

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.