

No. 2  
-1-4-41  
5-17-39  
I X26390

FILED JAN 20 1942  
Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 327

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

1. PLACE OF DEATH:

(a) County Roone

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

(c) Name of hospital or institution:  
Convalescent Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days  
(Specify whether in this community 30 Days years, months or days)

3. (a) PRINT FULL NAME Gertrude Galpin

3. (b) If veteran, name war No

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 William Galpin

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. 23 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Housekeeper

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

MOTHER FATHER { 12. Name Maledus Y. Dusky

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

14. Maiden name Mary Butler

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

16. (a) Informant Viva Pointer

(b) Address Danville, Illinois

17. (a) Burial (b) Date thereof Dec. 7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big-Spring Cemetery

18. (a) Signature of funeral director F. J. Mcintire

(b) Address Poonville, Missouri

19. (a) 12/5/41 (b) Allice Selby  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colo. (b) County 999

(c) City or town New Castle  
(If outside city or town limits, write "RURAL") 5-

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th.  
year 1941 hour 12.15 minute A M.

21. I hereby certify that I attended the deceased from 11-  
26- 1941 to Dec. 4- 1941

that I last saw her alive on Dec. 3- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration  
1 hr.

Due to 83a

Due to Arteriosclerosis

Other conditions Inflamed for some  
(Include pregnancy within 3 months of death)  
months do not know

Major findings:  
Of operations None not known

Of autopsy None

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? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Allice Selby (M. D. or other) Dr.

Address Columbia, Mo Date signed 12-5-41

74

**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 C. L. Ireland

Licensed Embalmer No. 1399

P. O. Address Highway 222

**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.**