

FILED NOV 11 1942 46
Registration District No. 46

Primary Registration District No. 5568

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

48
0
0

1. PLACE OF DEATH:

(a) County Jackson Rural Blue Twp.

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

(c) Name of hospital or institution: Rte 2, Independence Mo. Col Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Rte 2 Col Rd
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country. 8

3. (a) PRINT FULL NAME Francis Eugene Galloway

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1942 hour 7:00 minute 0 M.

21. I hereby certify that I attended the deceased from 19
Cooper 19

4. Sex Male 5. Color or race Wht

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

6. (b) Name of husband or wife Infant

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

7. Birth date of deceased: Oct 7 1942
(Month) (Day) (Year)

that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

8. AGE: Years Months Days If less than one day

 15 hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER {

12. Name Wm B. Galloway

13. Birthplace Green Valley Mo
(City, town, or county) (State or foreign country)

14. Maiden name Annah E. Gauden

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

Of operations

Of autopsy Inspection of history

16. (a) Informant W. B. Galloway

(b) Address Rte 2, Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/42
(Month) (Day) (Year)

(c) Place: burial or cremation Union Cem. Crick Mo

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

18. (a) Signature of funeral director Bato & Speaks

(b) Address Independence Mo

19. (a) 10-23-42 (Date received local registrar)

(b) James [unclear] (Registrar's signature)

23. Signature: [unclear] (M. D. or other)

Address R. C. [unclear] Date signed 10/22/42

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.