

FILED JAN 10 1948
Registration District No. 338

Primary Registration District No. 6214

1. PLACE OF DEATH

(a) County Vernon

(b) City or town Dedersick CLEAR CREEK
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME SARAH C GALVIN

3. (b) If veteran, name war _____

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 George B Galvin 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct 9 1868
(Month) (Day) (Year)

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

75 2 4 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Edward Buncaway

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

14. Maiden name Mary Johnson

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

16. (a) Informant George B Galvin

(b) Address Dedersick Mo

17. (a) Burial (b) Date thereof 12-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Vernon Cemetery

18. (a) Signature of funeral director Swinn-Sider

(b) Address El Dorado Springs Mo

19. (a) Dec-15-48 (b) Shelby Buncaway
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1948 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 29 1943 to Dec 13 1948 that I last saw her alive on Dec 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN P. J. D.

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 W. Dawson (M. D. or other) _____

Address El Dorado Springs Date signed 12-14-48

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

X35697

1232

RECEIVED

Director Health Offices No. 2

Director File Number 12-43-1482

Date Filed 12-7-44

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed *A. P. Sellers*

Licensed Embalmer No. 3250

P. O. Address *E. Roads Springs, N.C.*

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.