

FILED FEB 23 1945  
Registration District No. 23

Primary Registration District No. 5816

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

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Florence - Rural Richland  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution my

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

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

(d) Street No. Richland Township  
(If rural, give location)

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

3. (a) PRINT FULL NAME Roy WEISE GALE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1945 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 19  
1945 to Jan 19 1945  
that I last saw him alive on Jan 19  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. 28 1891  
(Month) (Day) (Year)

Immediate cause of death Consciousness Throat Duration 1 yr

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

54 . 10 22 hr. min.

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death) 458

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

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

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

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name Bern Gale

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

14. Maiden name Evelyn Baker

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

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? \_\_\_\_\_

16. (a) Informant Mrs. Roy W. Gale

(b) Address Florence, Mo. - Star R.R.

17. (a) Burial (b) Date thereof 1-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director L. H. Baker

(b) Address Ottumville Mo.

19. (a) Jan 3 1945 (b) Henry Lips  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature W. L. Fogle (M. D. or other) MD

Address Ottumville Date signed 1/20 45

1030

Reg. No. 74

1-4-5-11-1

2-12-45

Date Filed

**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 *Lucius F. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Atterville, Mo.*

**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.**