

Registration District No. 64

Primary Registration District No. 4110

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Salisbury
(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 all years, months or days)

3. (a) PRINT FULL NAME William Stanley Gallimore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

7. Name of husband or wife Mary E. Gallimore 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 5 1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired mail carrier

11. Industry or business _____

12. Name William Stanley Gallimore

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

14. Maiden name Martha Cloud

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

16. (a) Informant Leona Guesler

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 2 17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Fayette Mo

18. (a) Signature of funeral director Geo Bell Kelmeyer

(b) Address Salisbury Mo

19. (a) 2-16-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Salisbury
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY Day 15 Year 1946 hour 11:30 AM minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 15, 45 to FEB. 15, 1946 that I last saw him alive on FEB. 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death GENERAL ARTERIO SCLEROSIS YEARS
Due to PARALYSIS AGITANS YEARS

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

Major findings: _____
Of operations _____
Of autopsy 97

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)
(c) Months of injury _____

23. Signature E. L. Richman (M. D. or other) Address Salisbury Mo Date signed FEB 16, 1946

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

21
3332

RECEIVED

District Health Officer No. 8,

District File Number

Was Filed

3-12-46

MAY 23 1946

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.