S. No. 2
I—9-4-41
. 5-17-39
DI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17676

State File No.

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 18

1. PLACE OF DEATH
(a) County Pike
(b) City or town Bowling Green
(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 B.B. Spring Hospital, (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln
(c) City or town Elsberry
(If outside city or town limits, write "RURAL") /
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Anna Gallaher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 4 (Day) 1867 (Year)

8. AGE: Years 79 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Pike (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) U

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) U

16. (a) Informant from Records & Files
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Elsberry

18. (a) Signature of funeral director W. D. Bradley
(b) Address Elsberry

19. (a) 4-15-46 (Date received local registrar) (b) Bell Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 4/11/46, 19..., to 4/13/46, 19 46; that I last saw her alive on 4/13/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration 2 weeks

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature J. M. Mathews M.D. (M. D. or other)
Address Bowling Green Date signed 4/15/46

254 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-105
Date Filed 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 W D Bradley

Licensed Embalmer No. 3966

P. O. Address Elsberry

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.