

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4836**
Registrar's No. **868**

Registration District No. **FILED MAR 10 1947**

Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **since 2-9-47**
In this community **30 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **Hyde Park Hotel**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **24**
year **1947** hour **12:02** minute **A.** M.

21. I hereby certify that I attended the deceased from **February 7** 19**47** to **February 24** 19**47**;
that I last saw him alive on **February 23** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Brain tumor, right cerebrum, glioblastoma, malignant.**
Due to.....
Due to.....

Duration **2 mo. history**

Other conditions: **548**
(Include pregnancy within 3 months of death)
Major findings: **Brain tumor**
Of operations: **above**
Of autopsy: **Brain tumor**

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **no** (Specify type of place) (c) Means of injury.....
23. Signature: **Jack Backman** (M. D. or other) **MD**
Address: **333 Professional Bldg** Date signed: **2-25-47**

3. (a) PRINT FULL NAME **James H. Gallaway**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mrs. Edna Gallaway**
6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased: **February 27 1892**
(Month) (Day) (Year)

8. AGE: Years **54** Months **11** Days **25**
If less than one day hr. min.

9. Birthplace: **Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Sales Engineer**

11. Industry or business: **X**

12. Name: **John Gallaway**

13. Birthplace: **Texas**
(City, town, or county) (State or foreign country)

14. Maiden name: **unknown**

15. Birthplace: **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Edna Gallaway**

(b) Address: **Hyde Park Hotel, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof: **2-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Forest Hill Cemetery**

18. (a) Signature of funeral director: **Stine & McClure**

(b) Address: **3235 Gillham Plaza, K. C., Mo.**

19. (a) **2-26-47** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. Teachenor or Dr. Coburn

63612 & Inc. SA

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.....

Emery M. Black

Licensed Embalmer No. *1848*

P. O. Address. *W.C. 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.