

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8322

State File No. 53

Registration District No. 71

Primary Registration District No. 4128

Registrar's No. 33

1. PLACE OF DEATH:

(a) County... Clay

(b) City or town... Missouri City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
East Part of Town
(If not in hospital or institution, write street number or location)

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

In this community 7 1/2 Years 6 Months 17 D.
years, months or days)

3. (a) PRINT FULL NAME MAY E GALLE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Delbert Galle

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Aug 17 1870
(Month) (Day) (Year)

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

76	6	17	#	hr.	#	min.
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9. Birthplace Missouri City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER

12. Name Robert Nell

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

14. Maiden name Nancy A. Snapp

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

16. (a) Informant Mr M.C. Stapp

(b) Address 3008 E. 10th Kansas City Mo.

17. (a) Burial (b) Date thereof 3-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri City Mo

18. (a) Signature of funeral director Virgil Hope

(b) Address Excelsior Springs Mo

19. (a) 3/10/47 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. East side of Town
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day March
year 1947 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Apr 19 40 to March 4 19 47
that I last saw him alive on March 4 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3da

Due to Previous Cerebral Hemorrhage 1 yr.

Due to Hypertension Indef

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 43A

Of autopsy

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 Gene W. Henderson (M. D. or other) MD
Address Liberty, Mo Date signed 3/11/47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-10-47

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

James A. Moles

Licensed Embalmer No. 3296

P. O. Address. Excelsior Springs 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.