

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution 1 mile East wurich mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 41 - years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2

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

(d) Street No. 1 mile East wurich
(If rural, give location)

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

3. (a) PRINT FULL NAME GLENWOOD GALBREATH
GLENWOOD GALBREATH

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex m. 0 5. Color or race W 6. (a) ~~Single~~ widowed, married, divorced

6. (b) Name of husband or wife Mabel R. Galbreath 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 7 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Gen Farm work

12. Name J. M. Galbreath

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

Maiden name Kathryn Cobb mo

14. (a) Informant Mabel R. Galbreath
Wurich Mo

(b) Address _____

17. (a) Burial (b) Date thereof 5-19-47
(Month) (Day) (Year)

(c) Place: burial or cremation Wurich Cemetery

18. (a) Signature of funeral director W. S. Brown

(b) Address Wurich Mo

19. (a) 5-19-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1947 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him Dead on arrival and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide by hanging

Due to _____
Due to _____

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

Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 5-15-47

(c) Where did injury occur? Wurich Henry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place in public place?
home

While at work? no (Specify type of place) (2) Means of injury hanging
23. Signaturt M. R. S. Galbreath M. D. Date signed 5/28/47
Address Clinton Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER
of
of

SEP 9 1947

OCT 2 1947

RECEIVED
District Health Officer No. 7,
District File Number 4-47-62c
Date Filed 5-27-47

RECEIVED

RECEIVED

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 R.R. Kenney

Licensed Embalmer No. 3099

P. O. Address. Clinton 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Henry } ss.

State File No. 17246
Local Registrar's No. 122

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of September, 1947, before me appears.....

Guy Galbreath, who, upon his oath, states that the original record of ~~birth~~
for Glenwood Galbreath, died May 15, 1947, in the State of
Missouri, and which was filed at Jefferson City, Mo on May 28, 1947, should be corrected as follows:

Item No. 3 should read Glenwood Galbreath

Instead of Glenwood Galdreath

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Guy Galbreath
Brother
Relationship.

Urich, Missouri
Present Address.

Subscribed and sworn to before me this 29th day of September, 1947.

My Commission expires December 22, 1950
Walter Erwin Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

