No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1948

Registration District No. 3948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44091

Primary Registration District No. 6260

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Webster Co.

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

(c) Name of hospital or institution: E. DALLAS TOWNSHIP 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 92 Yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster

(c) City or town Diggins
(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 .....

3. (a) PRINT FULL NAME James Alexander Galbraith

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M. D

5. Color or race W

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

6. (b) Name of ~~husband or~~ wife Mattie A.

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

7. Birth date of deceased Feb (Month) 16 (Day) 1855 (Year)

8. AGE: Years 92 Months 10 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name John C. Galbraith
13. Birthplace Webster (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lucy Armstrong
15. Birthplace Webster (City, town, or county) Mo (State or foreign country)

16. (a) Informant Nay Galbraith
(b) Address Seymour

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 28 (Day) 1947 (Year)
(c) Place: burial or cremation Fordland Cem

18. (a) Signature of funeral director Kelley Ferrell Bergman
(b) Address Fordland Mo

19. (a) 1-5-48 (Date received local registrar) (b) Lester W. Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1947 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Natural Cause	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 3

23. Signature K. K. Kelley Coroner (M. D. or other)

Address Fordland Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 148-42
Date Filed JAN 12 1948

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 H-K-Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.