No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4003
Primary Registration District No. 1000
Registrar's No. 239

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 111 West Indiana Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year, 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 111 W. Indiana Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY E. GALLAGHER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John H.
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased August (Month) 30, (Day) 1868 (Year)

8. AGE: Years 79 Months 5 Days 21 If less than one day ..... hr. ..... min.
9. Birthplace Severence (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Self
FATHER
12. Name Roger Morely
13. Birthplace Maho Co., (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Margaret Kilkinney
15. Birthplace Maho Co., (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs. Harry Joyce (daughter)
(b) Address 111 W. Indiana Ave, City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bendena, Kansas
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) Feb 26, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 343

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 21, year 1948 hour 9 minute :40 A. M.
21. I hereby certify that I attended the deceased ~~from~~ on Feb 21, 1948 at 8:00 AM, 19..., to ——, 19...;
that I last saw her alive on Feb 21, 1948, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Arteriosclerotic Heart Disease Hypertension	10 yr +
Due to Cardiac Decompensation	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy 93 D

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature Robert W. Kieber (M. D. or other) M. D.
Address 209 Phys & Surg. Bldg St. Joseph, Mo Date signed 2/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Kieber
25853
phy & Surg Bldg.

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, ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.