S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 17 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18545

Primary Registration District No. 3000

Registrar's No. 176

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 201-E. McPherson (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 months (Specify whether years, months or days) In this community: ~~3 mos.~~ all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 201 E. McPherson (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Willie T. Galyen
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Estella Galyen (Deceased)
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug. (Month) 3 (Day) 1866 (Year)
8. AGE: Years 81 Months 10 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace: La Plata (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: ——
MOTHER FATHER
12. Name: David Galyen
13. Birthplace: Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Raley
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Myra Weston
(b) Address: Kirksville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 9, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmer, Mo.
18. (a) Signature of funeral director: Symmes & Powell
(b) Address: Kirksville, Mo.
19. (a) 6-9-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 7th year: 1948 hour: 7 minute: 35 P. M.
21. I hereby certify that I attended the deceased from: Feb. 10 1948 to June 7 1948 that I last saw him alive on: June 7 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Jaw	about 2 years
Due to:	
Due to:	
Other conditions: Chronic Nephritis and Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: L & D
Of autopsy:

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? (e) Means of injury: 0
23. Signature: Spencer L. Freeman M.D. (Coroner or other)
Address: Kirksville, Mo. Date signed: 6/8/48

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

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

RECEIVED
District Health Officer No. 10
District File Number 6-48-103
Date Rec'd JUN 16 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 James J. Taylor, Registered Apprentice No. 436, working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 9219

P. O. Address Kirksville, 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.