

FILED AUG 31 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 5278

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Black
(b) City or town Winchester, Mo.
(If outside city or town limits, write "RURAL")
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Sally Mary Gallup
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George B. Gallup 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: June 17 (Month) (Day) (Year)

8. AGE: 19 Years 2 Months 5 Days If less than one day _____ hr. _____ min.

9. Birthplace Antietam, Black Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Matthew Alton

13. Birthplace Black Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Anna Ford

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

16. (a) Informant George B. Gallup

(b) Address Canton, Missouri

17. (a) Burial (b) Date thereof 8-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick Cemetery

18. (a) Signature of funeral director Fred Charles

(b) Address 2284 S. 1st St. No.

19. (a) 2284 S. 1st St. No. (b) J. D. Dugas (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Black 23
(c) City or town Winchester 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from June 24, 1948 to Aug 14, 1948

that I last saw him alive on Aug 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LIVER Duration 8 mo

Due to CARCINOMA OF OVARY 1 year

Due to _____

Other conditions 490
(Include pregnancy within 3 months of death)

Major findings: CARCINOMA OF OVARY (Primary) PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Haudis Daws (M. D. MD)
Address Canton, Mo. Date signed 8-29-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-48-15

Date Filed AUG 30 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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka, 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.