

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 MONTH  
(Specify whether  
In this community 38 YEARS  
years, months or days)

3: (a) PRINT FULL NAME MRS. ESTELLA MAY GALWITH

3. (b) If veteran, No name war. 3. (c) Social Security No. 487-01-9234

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. LESTER T. GALWITH  
6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased OCTOBER 22 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 9 18 hr. min.

9. Birthplace SPRINGFIELD MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER {  
12. Name JAMES B. MASON  
13. Birthplace SPRINGFIELD MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZA KEZSEY  
15. Birthplace SPRINGFIELD MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. LESTER T. GALWITH  
(b) Address 3347 BALTIMORE AVENUE

17. (a) BURIAL (b) Date thereof AUG 12 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director A. N. Newcomer's Son  
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 8-12-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3347 BALTIMORE AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 10<sup>TH</sup>  
year 1948 hour 7 minute 23 P. M.

21. I hereby certify that I attended the deceased from July 6  
1948 to Aug 10 1948;  
that I last saw her alive on Aug 10 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to coronary artery sclerosis

Due to

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

Cardiac encephalomalacia  
Major findings: Of operations

Of autopsy no cause  
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?

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

23. Signature Martin J. Mueller (M. D. or other) M.D.  
Address 234 Angyle Bldg. Date signed 8-11-48

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

*Handwritten mark*

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**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 *D. D. Nofsinger*

Licensed Embalmer No. *13938*

P. O. Address *Kansas City, 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.**