

DEAD AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24554
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1005 Registered No. 2767
 (c) City Kansas City (d) Street No. Research Hoop St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

415 Mrs Clara Elsa GALVIN
 (a) Residence, No. Independence, Missouri. St. Independence, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John Galvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 4th, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sni Hills Missouri

FATHER 13. NAME John Carmean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Emily Long

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) HevaDean Galvin, Independence, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner, Mo. DATE 7/11/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody McGilley Kansas City, Mo.

20. FILED July 10, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 8 to July 8, 1939
 I last saw him alive on July 8, 1939. Death is said to have occurred on the date stated above, at 3:05p. m.
 The principal cause of death and related causes of importance were as follows:

Generalized Pneumonia
 Date of onset 50

Other contributory causes of importance: Senescence of the Brain

Name of operation Removal of tonsils Date of 1937
 What test confirmed diagnosis clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Paul H. Ferriss, M. D.
 (Address) 934 21st St. Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.