

Registration District No. 144Primary Registration District No. 5-207

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Carter  
(b) City or town Grandin Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital for institution 2In this community Three years (Specify whether years, months or days)3. (a) PRINT FULL NAME Nellie M. Gallup

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife loyd H. Gallup 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased 1 14 1902  
(Month) (Day) (Year)8. AGE: Years 36 Months 2 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Mo  
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Oscar Hill13. Birthplace Don't know  
(City, town, or county) (State or foreign country)14. Maiden name Althea Hill15. Birthplace Don't know  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Glenn M. Powell(b) Address 1001 1/2 E. 1st St. Mo17. (a) Grandin Mo (b) Date thereof: 4 12 38  
(Burial, cremation, or removal) (Month)-(Day) (Year)(c) Place: burial or cremation Grandin Mo18. (a) Signature of funeral director Coy Seichel(b) Address 1001 1/2 E. 1st St. Mo19. (a) Aug 8 (b) 40 Pearl Brock  
(Date received by local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter  
(c) City or town Grandin Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10  
year 1938 hour 6 minute A M.21. I hereby certify that I attended the deceased from an  
April 9, 1938 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on April 9, 1938, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Tumor of the brain 55

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

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? 136

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. D. Davis (M. D. or other) \_\_\_\_\_Address Edgewood Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 5,

District File Number 440880

Date Filed \_\_\_\_\_

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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 \_\_\_\_\_

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.**