

3-40  
-39  
PC23159

**FILED SEP 16 1940**

Registration District No. \_\_\_\_\_

Primary Registration District No. 5561.D.

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town RURAL - WEST OF WEBB CITY.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Atlas Powder Company 3  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1118 N. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 486-05-8-29

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Imogene Gallagher 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased February 26 1912  
(Month) (Day) (Year)

8. AGE: Years 28 Months 6 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace El Paso, Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Power mill

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

MOTHER FATHER { 12. Name Frances E. Gallagher  
13. Birthplace Washington D. C.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Reynolds  
15. Birthplace Cookville, Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Imogene Gallagher  
(b) Address Webb City Mo.

17. (a) Burial (b) Date thereof Aug 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Memorial Park

18. (a) Signature of funeral director Webb City Ind Co

(b) Address Webb City Mo 377

19. (a) AUG 20 40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
year 1940 hour 18 minute 45 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him dead alive on Aug 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Explosions  
20 pieces of Explosives Duration \_\_\_\_\_

Due to Powder explosion  
at Atlas Powder Co. works

Other conditions 144 19  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Investigation

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) Accident  
(b) Date of occurrence August 16-1940  
(c) Where did injury occur Atlas Powder Plant Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial Plant

While at work? Yes (e) Means of injury Explosives

23. Signature H. W. Winchester (M. D. or other) \_\_\_\_\_  
Address Jasper Mo. Date signed 8-20-40

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

40-9-333

**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 *myself*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Blayton M. Johnston*

Licensed Embalmer No. *3,922*

P. O. Address *Webb City, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**