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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34633

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4149

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: Menorah Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 Yrs.
years, months or days)

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")
0
(d) Street No. 3811 Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Samuel Galler
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Galler
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Aug (Month) 15 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	14	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Russia (State or foreign country) 1
10. Usual occupation Mattress Maker 7
11. Industry or business .....
MOTHER FATHER
12. Name Unknown 7
13. Birthplace ..... (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Mollie Unknown
15. Birthplace ..... (City, town, or county) Russia (State or foreign country)
16. (a) Informant Milton Galler
(b) Address 3811 Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield
18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland Ave
19. (a) Oct. 30, 1940 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th year 1940 hour 11 00 minute 48 P M.
21. I hereby certify that I attended the deceased from Oct 1st, 1940, to Oct. 28th, 1940 that I last saw him alive on Oct. 28th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to Chronic Interstitial nephritis	
Due to Hypertension	
Other conditions — (Include pregnancy within 3 months of death) 1 2	
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? 2 6 1 — (Specify type of place)
While at work? — (e) Means of injury 1
23. Signature Dr. Joseph Getelson (M. D. or other)
Address 1219 Realty Bldg Date signed 10-29-40

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

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