

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **43156**

Registration District No. 546 Primary Registration District No. 5735 Registrar's No. 20

**1. PLACE OF DEATH:**  
 (a) County Marion  
 (b) City or town Boyle (Rural)  
 (c) Name of hospital or institution:  
 (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)

3. (a) PRINT FULL NAME Nancy E Galloway  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced wid  
 6. (b) Name of husband or wife E H Galloway 6. (c) Age of husband or wife if alive dead years  
 7. Birth date of deceased 11 - 1 - 1883  
 (Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Phelps (City, town, or county) Mo (State or foreign country)

10. Usual occupation House wife

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Thos. Montgomery  
 13. Birthplace Spain (City, town, or county) (State or foreign country)  
 14. Maiden name Nancy J Vaughn  
 15. Birthplace Spain (City, town, or county) (State or foreign country)

16. (a) Informant Lee Robison  
 (b) Address Boyle Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-1940 (Month) (Day) (Year)  
 (c) Place: burial or cremation Barnwell cem

18. (a) Signature of funeral director W E Luskholder  
 (b) Address St James Mo

19. (a) Dec 14 - 1940 (Date received local registrar) (b) Laura A. Warner (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Marion  
 (c) City or town St James Mo Rural (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 December day 12 year 1940 hour 5:00 minute 0 M.  
 21. I hereby certify that I attended the deceased from June 5 1940 to December 9 1940 that I last saw her alive on November 27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pneumonia

Due to Cancer of right breast

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

Other conditions (Include pregnancy within 3 months of death) 27

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

Duration 15 days  
3 years  
**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? U.S.

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

23. Signature C. Hammler (M. D. \_\_\_\_\_) Address St. James, Mo Date signed Dec 13 1940

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

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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.**