S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8022

FILED MAR 19 1941

Registration District No. 173 — Primary Registration District No. 4464 — Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County: ST. FRANCOIS
(b) City or town: FARMINGTON
(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 or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Francois
(c) City or town: Farmington
(If outside city or town limits, write "RURAL")
(d) Street No.: 115 McCormick St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Sophia GALVIN
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John C. Galvin
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: Dec (Month) 13 (Day) 1896 (Year)
8. AGE: Years 44 Months ✓ Days 3 If less than one day ____ hr. ____ min.
9. Birthplace: Farmington (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
MOTHER FATHER
12. Name: Thomas Mudd
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Orlen
15. Birthplace: Farmington (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Mahalia Madison
(b) Address: Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Col Masonic
18. (a) Signature of funeral director: Neudorf Und Co
(b) Address: Farmington, Mo.
19. (a) 2-19-41 (Date received local registrar) (b) B. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1941 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased ~~from~~ by Request Investigation, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Indigestion — Duration: 1
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: ____ Of autopsy: ____

118.3

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? (Specify type of place)
While at work? (e) Means of injury: ____

23. Signature: Clarence Claywell Coroner (M. D. or other)
Address: Bonne Terre Mo. Date signed 2/17/41

(Licensed Embalmer's Statement on Reverse Side)

1183

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

Signed John A Neudert

Licensed Embalmer No. 2238

P. O. Address Farmington

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.