No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10876

State File No.

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 68

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1017 S. Noland
(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 Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 S. Noland
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ——— years.

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3. (a) PRINT FULL NAME Mary T. 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 Married
6. (b) Name of husband or wife Clarance A. Galloway
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March (Month) 5 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
60	0	4	hr. min.

9. Birthplace Sweet Springs Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Thomas C. Berry
13. Birthplace Sweet Springs Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Pilgmore
15. Birthplace Sweet Springs Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Clarance A. Galloway
(b) Address 1017 S. Noland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 11 (Day) 1941 (Year)
(c) Place: burial ~~or cremation~~ Woodlawn - Indep. Mo.
18. (a) Signature of funeral director Ott - Mitchell
(b) Address 310 N. Main - Indep.
19. (a) March 11 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

1941

20. DATE OF DEATH: Month Mch day 9th
year hour minute M.
21. I hereby certify that I attended the deceased from Tor years
, 19 to , 19 ;
that I last saw her alive on Mch 8th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Complete exhaustion from starvation
Due to Cancer of stomach & liver
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 46 b
Of autopsy

Duration

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 Calvin Atkins (M. D. or other)
Address Independence Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 Me

..., Registered Apprentice No. ...

working under my personal supervision.

Signed Henry T. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence MO

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.