

Registration District No. 30

Primary Registration District No. 5041

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Capparcreek Twp
(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)
In this community 50 years years, months or days

8. (a) PRINT FULL NAME Julia Galubek
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Galubek 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 28 1855 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business John & Lemaska

12. Name Poland

13. Birthplace Dan. Penn (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Geo. Galubek

(b) Address Bricefield mo.

17. (a) Burial (b) Date thereof April 9 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Bricefield mo.

18. (a) Signature of funeral director W. Spruell Jr.

(b) Address Peace City mo.

19. (a) 4-8-1941 (b) W. M. West (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Polaski field
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? fifty two years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7th
Year 1941 hour 8 minute 0 A.M.

21. I hereby certify that I attended the deceased from Apr. 3 1941, to Apr. 7 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Hypostatic type
Due to Septic purpura
and Bronchial tuberculosis
Duration unknown

Other conditions (Include pregnancy within 3 months of death)

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? _____

31 (Specify type of place) While at work (e) Means of injury J

23. Signature Charles J. Moore (M.D. or other) MD
Address Peace City Mo. Date signed 4/7/41

RECEIVED

District Health Officer No. 6,

District File Number 541-806

Date Filed MAY 15 1949

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 Hessel Jr

Licensed Embalmer No. 1572

P. O. Address Princeton, N.J.

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.