

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 453

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
751 E. Madison /  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 99  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 751 E. Madison  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME Donna L. Galloway

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife A. J. Galloway 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 31, 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation In Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name I. J. Snow

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

14. Maiden name Nancy Bryant

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

16. (a) Informant A. J. Galloway

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 6/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 6-3-41 (b) W. E. Hurdley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1941 hour \_\_\_\_\_ minute 9 A.M.

21. I hereby certify that I attended the deceased from December 9, 1939 to June 1, 1941 that I last saw her alive on June 1, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to cor hypertension

Other conditions arterio sclerosis  
(Include pregnancy within 3 months of death)

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

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? VA HILL

23. Signature W. T. Walsh (M. D. or other) 0  
Address Springfield Mo Date signed 6-3-41

Duration 1 yr 5 1/3 mos  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield Mo

**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, fact should be so stated above.**