

FILED JUL 11 1941
Registration District No. **877**

Primary Registration District No. **4530**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wernon
(b) City or town Schell City
(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 _____
In this community About 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME NELLIE MAY GALEBOR

3. (b) If veteran, name war ✓ 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife GEORGE W. GALEBOR 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 18, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>6</u>	<u>26</u>	hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Shelby S. Hooks

13. Birthplace Clinton County Ky (City, town, or county) (State or foreign country)

14. Maiden name Olewa

15. Birthplace Pettus County Mo (City, town, or county) (State or foreign country)

16. (a) Informant Harry E. Shelby

(b) Address Schell City, Mo.

17. (a) Burial (b) Date thereof June 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa, Kan.

18. (a) Signature of funeral director Rute Lewis & Son

(b) Address Schell City, Mo.

19. (a) June 15-41 (b) Pearle Rogers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
(c) City or town Ottawa 14
(If outside city or town limits write "RURAL")
(d) Street No. 115 1/2 North Main St 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1941 hour 9 PM minute _____ M.

21. I hereby certify that I attended the deceased from June 1st, 1941, to June 14, 1941;
that I last saw her alive on June 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Duration 2 years

Due to _____

Due to _____

Other conditions Gangrene of foot
(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? _____

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

23. Signature J. W. Gray (M. D. or other) 1

Address Schell City, Mo. Date signed 6-15-41

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

28
00
0

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1144

Date Filed 7-9-41

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 _____

Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, 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, above space should be left blank.