

No. 2  
-1-4-41  
-17-39  
X28390

**IG 18 1941**

District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Adair

(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Strom-Smith  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community Kirkville

**3. (a) PRINT FULL NAME** Eugene Mc Galdrick

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

(b) Name of husband or wife Ida Mc Galdrick

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased February 8 1863  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>78</u>	<u>5</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business Judge

**MOTHER FATHER**

12. Name Eugene Mc Galdrick

13. Birthplace Schuyler Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name William Weldon

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

16. (a) Informant Jesse Carter

(b) Address Glenwood, Missouri

17. (a) Burial (b) Date thereof 7 23 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cemetery

18. (a) Signature of funeral director D. O. Fenton

(b) Address Lancaster, Missouri

19. (a) Jul 23 41 (b) \_\_\_\_\_  
(Date received local registrar's) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Schuyler

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. near Glenwood mo  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 21  
year 1941 hour 11 minute 45P M.

21. I hereby certify that I attended the deceased from July 20, 1941 to July 21, 1941  
that I last saw him alive on July 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Accident  
Crushed chest & red  
Cardio-renal disease

Due to previous cerebral  
hemorrhage with  
apoplexy

Due to \_\_\_\_\_

Duration 2 day

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: Accident

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 7-20-41

(c) Where did injury occur? Schuyler mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway  
(Specify type of place) (e) Means of injury Auto

23. Signature A. B. ...

Address Kirkville Mo Date signed 7-23-41

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

17 Dec  
45

RECEIVED

District Health Officer No. 10

District File Number 8-41-1482

Date Filed AUG 13 1941

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

*D. O. Fenton*

Registered Apprentice No.

working under my personal supervision.

Signed *D. O. Fenton*

Licensed Embalmer No. 3705

P. O. Address *Lancaster, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24364  
Registrar's No. 261

Registration District No. 1

Primary Registration District No. 1

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Waverly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Grim Smith  
(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 Mo (b) County Schuyler  
(c) City or town Coatsville, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Glenwood  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eugene M. Goldrick

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Iola M. Goldrick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 8, 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Judge

MOTHER FATHER  
12. Name Eugene M. Goldrick  
13. Birthplace Schuyler Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Delia Weldon  
15. Birthplace Glenwood Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Carter

(b) Address Glenwood, Mo.

17. (a) Burial (b) Date thereof 7-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Mo.

18. (a) Signature of funeral director P.O. Fulton

(b) Address Jancaster Mo.

19. (a) Sept 30/41 (b) Spencer L Freeman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 20 Year 1941  
hour 10:45 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 20, 1941 to July 21, 1941  
that I met her alive on July 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest  
Due to \_\_\_\_\_

Due to Auto Accident

Other conditions Cardio-Renal Syndrome  
(Include pregnancy within 3 months of death)

Major findings: 170C  
Of operations \_\_\_\_\_  
Of autopsy 22

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) Accident

(b) Date of occurrence July 20, 41

(c) Where did injury occur? Schuyler, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Highway

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury Auto Collision  
bridge

23. Signature A.B. Crank (M. D. or other)

Address Kirksville, Mo. Date signed \_\_\_\_\_

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

SUPPLEMENTAL

FEB 18 1942