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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26400

State File No. 26400

FILED AUG 8 1941

Registration District No. 843

Primary Registration District No. 1513

Registrar's No.

1. PLACE OF DEATH

(a) County: Stone

(b) City or town: Galena, Mo.
(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 years, months or days) In this community: 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stone 104

(c) City or town: Galena — Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. .....
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Harold Lifsfas

3. (b) If veteran, name war .....

3. (c) Social Security No. 487-03-7112

4. Sex: M

5. Color or race: Wh

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

6. (b) Name of husband or wife: Mildred Lifsfas

6. (c) Age of husband or wife if alive: 20 years

7. Birth date of deceased: Dec (Month) 24 (Day) 1916 (Year)

8. AGE: Years 24 Months 5 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: Herington (City, town, or county) Kan (State or foreign country)

10. Usual occupation: truck driver

11. Industry or business: /

FATHER
12. Name: Fred Lifsfas
13. Birthplace: Russia (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name: Julia Matz
15. Birthplace: Russia (City, town, or county) ..... (State or foreign country)

16. (a) Informant: Fred Lifsfas
(b) Address: Marion, Kan.

17. (a) Hillsboro Kans (Burial, cremation, or removal) (b) Date thereof: July 21 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillsboro Kans

18. (a) Signature of funeral director: W. H. Thompson By Homer D. Bouzel
(b) Address: Marion, Kansas

19. (a) July 20 41 (Date received by registrar) (b) Nellie Tromley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1941 hour 11:45 minute ..... M.

21. I hereby certify that I attended the deceased from after death, 19..., to ....., 19....; that I last saw him alive on July 19, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death: dislocation of neck

Due to: car wreck

Due to: .....

Other conditions: Chest crushed Internal injuries
(Include pregnancy within 3 months of death)

Major findings:
Of operations: .....

Of autopsy: none

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 19 - 41
(c) Where did injury occur? Galena (City or town) Stone (County) Mo (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? Yes (e) Means of injury: Internal

23. Signature: Everett J Cheatham Coroner (M.D. or other)
Address: Galena, Mo. Date signed: July 20 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-1298
Date Filed AUG 6 1941

DEC 1 3 1943

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26400

Registration District No. 843 Primary Registration District No. 4513 Registrar's No.

1. PLACE OF DEATH

(a) County Lone

(b) City or town Galena
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harold Lipps

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 19 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death dislocation of neck

Due to Car wreck

This man was driving alone in a truck at high speed & the machine turned over in a ditch.

Due to

Other conditions Chest Crushed Internal Injuries

(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 OC-8

Of autopsy 24

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) Acc.

(b) Date of occurrence July 19, 41

(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? Public Highway (Specify type of place)

While at work? yes (e) Means of injury Internal

23. Signature E. Cheatham (M. D. or other) Cor.

Address Galena, Mo. Date signed 7/20/41

SUPPLEMENTARY