

S. No. 7
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED OCT 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32844

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 285

08
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada, Mo.
(c) Name of hospital or institution:
at home
(d) Length of stay: In hospital or institution (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary Gallagher Center
(b) If veteran, name war
3. (c) Social Security No. 491-05-8157

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 27 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Filing Clerk

11. Industry or business Family Home Savings Loan Assn.

12. Name Ygo. W. Center

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

14. Maiden name Mary Edith Bacon

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

16. (a) Informant Mrs. M. F. Bewley

(b) Address 2224 W. 20 Oklahoma City, Ok.

17. (a) Burial (b) Date thereof Oct 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director George Bernard Senior
(b) Address Nevada, Mo.

19. (a) 9-30-1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(d) Street No. 518 So Oak Street
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 29 1941
year 1941 hour 9:25 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 27, 1940, to 9-29, 1941,
that I last saw her alive on 9-29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast w/ extensive metastases
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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? _____

(Specify type of place) _____
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) 0
Address Raymond Bldg Nevada Date signed 10-1-41

Duration 2 yrs?
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number

~~10-9-41~~

10-41-1756

Date Filed

10-9-41

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.....

Allen V. Hayes

Licensed Embalmer No.....

1968

P. O. Address.....

Nevada, 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.