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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9607

Registrar's No. 1452

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3238 Karnes Blvd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Two weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County Unknown 999

(c) City or town Kalamazoo 20
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME MALCOLM GALBRAITH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret Galbraith

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October (Month) 23 (Day) 1876 (Year)

8. AGE: Years 65 Months ~~6~~ 5 Days 17 If less than one day hr. min.

9. Birthplace Bowmanville (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation Vice-Pres. & Director of Sales

11. Industry or business Upjohn Company

FATHER
12. Name John Keith Galbraith
13. Birthplace No Record (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name Adela Victoria Taylor
15. Birthplace NoRecord (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Mrs. Margaret Galbraith
(b) Address Kalamazoo, Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C. Kans.

19. (a) Apr 12, 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1942 hour 6 minute 20 A M.

21. I hereby certify that I attended the deceased from March 28-1942
—, 19..., to April 10, 1942
that I last saw him alive on April 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Cerebral Edema & Arterio Sclerosis Cerebral	2 weeks
Due to Systemic Arterio Sclerosis Hypertention	10 yrs
Other conditions Right Iliac Aneurism (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations —
Of autopsy None made

830 2

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?
(Specify type of place)
While at work? — (e) Means of injury 0

23. Signature A. J. Lins of Mill (M. D. or other)
Address 238 Brotherhood Bldg. Date signed 4/11-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lind
Brotherhood Bldg
aft 1 p.m. Sat.

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 Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Kansas City, Kansas

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.

. S. No. 2B
M—2-21-40
No. 1 X22659

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.

Registration District No. Primary Registration District No. Registrar's No. 1452

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3238 Karnes Blvd. (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

3. (a) PRINT FULL NAME Malcolm T Galbraith

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) 5/15/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1942 hour minute M.

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

Immediate cause of death cardiac failure Congestive Type — Duration

Due to Cerebral edema and arteriosclerosis

Due to 92E

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:

(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)

While at work? (e) Means of injury

23. Signature A. J. Lind (M. D. or other)

Address Date signed

SUPPLEMENTARY

9607