

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

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:
6443 Baltimore Avenue
(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 34 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 6443 Baltimore Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Mr. Frank E. Gallup

3. (b) If veteran, name war World War No. 1 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Laura Gallup 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 4 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation President

11. Industry or business Gallup Map Co. 1330 Walnut St.

12. Name Henry Alden Gallup

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

14. Maiden name Harriett Halstead

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

16. (a) Informant Byron Shutz
(b) Address 6443 Baltimore Avenue

17. (a) Burial (b) Date thereof May 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) 5-6-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day May year 1942 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 1938 19. to May 3, 1942 that I last saw him alive on May 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Coronary Artery Dis-
ease

Due to _____

Due to 940

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 Edmund Hecker (M. D. or other) _____
Address 1000 Professional Bldg Date signed 5/4/42

MAY 11 1950

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 *A. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *18 Cmo.*

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.