

Registration District No. 288

Primary Registration District No. 11426

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Fair Play
(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 _____
years, months or days

3. (a) PRINT FULL NAME Mary Galyan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

6. (a) Name of husband or wife Frank Galyan / 6. (b) Age of husband or wife if Deceased

7. Birth date of deceased: Feb 25 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 26 If less than one day _____
hr. min.

9. Birthplace Bear Creek Cedar Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Mathis Phillips

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

14. Maiden name Martha Simmons

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

16. (a) Informant Arleigh Galyan

(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof Jul. 22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie Cemetery

18. (a) Signature of funeral director Frank W. Barker

(b) Address Fair Play, Mo.

19. (a) Aug 10 1942 (b) Russell Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk

(c) City or town Fair Play
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1942 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 1 to July 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to Chronic articular rheumatism

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

Major findings: Of operations #

Of autopsy No

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? # Means of injury 0

23. Signature Russell Brown (M. D. or other) _____

Address Fair Play Mo Date signed _____

Duration About 2 hrs

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

84
0
0

RECEIVED

District Health Officer No. 7.

District File Number 8-42-9197

Date Filed 8-13-42

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.....

Licensed Embalmer No.

P. O. Address.....

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.