

FILED JAN. -8 1942
Registration District No. 2374

Primary Registration District No. 3052

Registrar's No. 392

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 213 W Cooper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME SALLIE GALLIE

3. (b) If veteran. name war _____ 3. (c) Social Security No. _____

4. Sex Female Color or race Negro
6. (a) Single, widowed, married divorced widowed
(b) Name of husband or wife Charles
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 20 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Self

12. Name Salep Singer
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Bowman
15. Birthplace Pettis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lena Nurse
(b) Address 213 W. Cooper
17. (a) Burial (b) Date thereof 12-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Georgetown Mo

18. (a) Signature of funeral director J. D. Jefferson
(b) Address 117 E. Jefferson St
19. (a) 12-4-42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No 213 W Cooper St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st
year 1942 hour 3³⁰ 12 minute P.M.

21. I hereby certify that I attended the deceased from 11-24
1942 to 12-1-1942
that I last saw her alive on Dec 1-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal catarrh
Due to Carcinoma of Intestines

Due to Carcinoma of Intestines

Other conditions 46e
(Include pregnancy within 3 months of death)

Major findings: Of operations Colostomy
Of autopsy no
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 J. R. Maddox (M.D. or other) M.D.
Address 116 S. W. Main Date signed 12-2-42

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

0664

RECEIVED

Health Officer No. 8,

File Number -----

Date Filed 1-6-43 -----

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

F. H. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.