

FILED FEB 11 1943

Registration District No. 227 Primary Registration District No. 4339

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

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SO. MAIN ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. SO. MAIN ST (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DAVID GALLOP

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SARAH ANN GALLOP 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased MAR 4 1867 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 19 If less than one day hr. min.

9. Birthplace BANGOR MAINE (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name CHAS. GALLOP
13. Birthplace MAINE (City, town, or county) (State or foreign country)
14. Maiden name MARY ELIZABETH CARNEY
15. Birthplace MAINE (City, town, or county) (State or foreign country)

16. (a) Informant Ethan Gallop
(b) Address PARIS, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 24 1943 (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director [Signature]
(b) Address PARIS, MO

19. (a) JAN 23 1943 (Date received local registrar) (b) Kathryn Paague (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23 year 1943 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from 10 to Jan 25 1943 that I last saw him alive on Jan 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 20 hr

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) gnd

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?.....

While at work? (Specify type of place).....
(e) Means of injury.....
23. Signature [Signature] (M.D. or other) Address PARIS, MO Date signed 1-23-43

RECEIVED

District Health Officer No. 10

District File Number 2-43-248

Date Filed FEB 10 1943

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 W. B. Blakey

Licensed Embalmer No. 2614

P. O. Address Paris 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, fact should be so stated above.