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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18844  
Registrar's No. 17

FILED JUN 8 1943  
Registration District No. 19486

Primary Registration District No. 1948

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

1. PLACE OF DEATH:  
(a) County Ray  
(b) City or town Orrick, Missouri  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME STERLING PRICE GALLE  
3. (b) If veteran, name war none 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 Sarah Ann Gee Galle 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased November 3, 1861 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 6 4 hr. min.

9. Birthplace Camden Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Hotel, Auto agency, Resturant

MOTHER FATHER { 12. Name Peter Galle  
13. Birthplace Penn (City, town, or county) (State or foreign country)  
14. Maiden name Susan Peters  
15. Birthplace Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Galle  
(b) Address Orrick, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1943 (Month) (Day) (Year)  
(c) Place: burial or cremation South Pt. Cem. Orrick, Mo.

18. (a) Signature of funeral director GIBSON FUNERAL HOME  
(b) Address Orrick, Mo.

19. (a) May 14/43 (Date received local registrar) (b) D. G. Simmons (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ray  
(c) City or town Orrick (If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 7th  
year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 5 1943 to May 7 1943  
that I last saw him alive on May 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 3 days  
Due to Medical Heart Disease  
Due to 928

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?

While at work (Specify type of place) Means of injury  
23. Signature Gifford Simmons (M. D. or other) M. D.  
Address Orrick - Mo Date signed May 14/43

1224 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 6-7-43

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**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 .....  
E. C. Gibson

Licensed Embalmer No. 4137  
523 Elms Bl'vd  
P. O. Address Excelsior Springs, 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.**