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ev. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22229

Registration District No. 294 | Primary Registration District No. 3056 | Registrar's No. 133

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

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days) In this community: 3 Month.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No. RFD #2 Moberly (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: VEDA CATHERINE GALLOP
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cecil Gallop
6. (c) Age of husband or wife if alive: 26 years
7. Birth date of deceased: May - 18 - 1914 (Month) (Day) (Year)

8. AGE: Years 29 | Months 0 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace: Holliday (City, town, or county) MO (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER 12. Name: Richard J. Ragsdale
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Ethel Robinson
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Cecil Gallop
(b) Address: RFD #2 Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Holliday Cemetery
18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly Mo.
19. (a) 6-12-43 (Date received local registrar) (b) Irma Rave (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1943 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 8, 1943, to June 9, 1943; that I last saw him alive on June 9, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute intestinal obstruction	June 3 1943
Due to: I do not know. Dying when I first saw her	
Due to:	
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: R. D. Streeter (M. D. or other) M.D.
Address: Moberly, Mo. Date signed June 11/43

(Licensed Embalmer's Statement on Reverse Side)

DEC 15 1948

RECEIVED
District Health Officer No. 10
District File Number 7-43-1130
Date Filed JUL 6 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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.