

Registration District No. 174

Primary Registration District No. 30.35

Registrar's No. 68

1. PLACE OF DEATH

(a) County Lafayette

(b) City or town Luxington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
12th main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 2.5 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Lafayette

(c) City or town Luxington 054
(If outside city or town limits, write "RURAL") 3

(d) Street No. 12th main 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louise Gallemore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Walter Gallemore

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec (Month) 16 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>8</u>	<u>15</u>	hr. _____ min.

9. Birthplace Lafayette (City, town, or county) MO (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Thomas Eaton

13. Birthplace Glasgow (City, town, or county) MO (State or foreign country)

14. Maiden name Ella Thommasey

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

16. (a) Informant Melvin Gallemore

(b) Address Luxington, MO

17. (a) Reinter (Burial, cremation, or removal)

(b) Date thereof Sept. 4-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Luxington MO

18. (a) Signature of funeral director Winkler

(b) Address Luxington, MO

19. (a) Sept - 4 - 43 (Date received local registrar)

Mrs. H. Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1943 hour 10 minute 0 A. M.

21. I hereby certify that I attended the deceased from Sept 1st, 1943 to _____, 19____
that I last saw her alive on Sept 1st, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Stoppage Duration _____

Due to _____

Due to 940

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) (e) Means of injury _____

23. Signature W. R. Kendall (M. D. or other)

Address Luxington, MO Date signed 9-3-43

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

54
3
2

115-8

Freedom

RECEIVED
District Health Officer No. 8,
~~10-11-53~~
10-11-53

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 *Garnett F. Murrell*
Licensed Embalmer No. *3275-*
P. O. Address *Lexington, 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.