

Registration District No. 149

Primary Registration District No. 1062

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
In this community 26 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4311 Jefferson Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Hannah Katherine Galbraith

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 Widowed

6. (b) Name of husband or wife Mr. Frank Johnson Galbraith 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased July 18 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 20/19 hr. min.

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

10. Usual occupation None

11. Industry or business At Home

12. Name Daniel Graham Rutes

13. Birthplace Sugar Creek Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Steele

15. Birthplace Unknown South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nannie Youker

(b) Address 4311 Jefferson Street

17. (a) Burial Platte City, Missouri (b) Date thereof Oct. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Missouri

18. (a) Signature of funeral director H. H. Thummes

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-8-43 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th
year 1943 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from July
1943 to 10-6-43, 1943
that I last saw her alive on 10-6-43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 days

Due to Lymphatic Leukemia chronic 4 weeks
my knowl-
edge

Due to 7/4/43

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Chronic Lymphatic Leukemia Underline the cause to which death should be charged statistically.

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) (c) Means of injury _____

23. Signature Thos. C. W. Hale (M. D. or dentist)
Address 4620 Independence Date signed 10-7-43

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

MOTHER FATHER

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P.O. Address K @ 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.