

FILED NOV 19 1943

Registration District No. 149

Primary Registration District No. 1002

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

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: Vineyard Park Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community 20 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Lucille Linden Galgano

3. (b) If veteran, name war No

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 Mr. Michael L. Galgano

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: September 30 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>0</u>	<u>28</u>	hr. _____ min.

9. Birthplace: Canton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

MOTHER FATHER { 12. Name Patrick Linden

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Unknown

15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Galgano

(b) Address 3137 Garfield Ave

17. (a) Cremation
(Burial, cremation, or removal) (b) Date thereof Nov. 2, 1943
(Month) (Day) (Year)

(c) Place: D. W. Newcomer's Sons

18. (a) Signature of funeral director: D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-30-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

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. 3137 Garfield Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th
year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Oct 22
1943 to Oct 28 1943
that I last saw her alive on 27th of Oct. 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to arteriosclerosis

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

Duration 7 days

PHYSICIAN -----
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: none

(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 W. H. Lane, M.D. (M. D. or other) _____
Address 824 Rialto Bldg Date signed 10-28-43

906 Grand Avenue

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..... *H. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address..... *H. C. Newcomer*

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.