S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6112

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 993

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 HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 3 1/2 - DAYS (Specify whether
In this community 26 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7133 GRAND AVENUE 8
(If rural, give location)

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

If yes, name country ---- 0

3. (a) PRINT FULL NAME GALLAGHER, MRS. ELLA HIFNER

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 WIDOWED 2

6. (b) Name of husband or wife MR. EDWIN H. GALLAGHER

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

7. Birth date of deceased AUGUST (Month) 14 (Day) 1860 (Year)

8. AGE: Years 83 Months 6 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name GEORGE H. HIFNER
13. Birthplace JESSAMINE COUNTY (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name ELIZA J. HORINE
15. Birthplace JESSAMINE COUNTY (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant Bertha Gallagher

(b) Address 7133 Grand

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 2 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ WOODLAWN CEM, INDEP, MO.

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-2-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 29 year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-24, 1944, to 2-29, 1944; that I last saw her alive on 2-29-44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	2 days
Due to Cerebral hemorrhage Right	4 days
Due to arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy as above

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 0

23. Signature John T. Skinner (M. D. or other) MD

Address 1102 Grand ave Date signed 3-1-44

(Licensed Embalmer's Statement on Reverse Side) K. Cro.

Steve
Gallagher

Lo 0024

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.C. 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.