

FILED APR 8 1944
Registration District No. **2974**

Primary Registration District No. **3005**

Registrar's No. **25**

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

1. PLACE OF DEATH
 (a) County Bates
 (b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: E Dakota Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Bates
 (c) City or town Butler
(If outside city or town limits, write "RURAL")
 (d) Street No. East Dakota
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frank J. Galbrech.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 1
 year 1944 hour 6 minute 15 a.m.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, unmarried
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from May 1937 to Mar 1st 1944
 that I last saw him alive on Feb 28 and that death occurred on the date and hour stated above.

7. Birth date of deceased February 17 1859
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis & hyperplasia
 Due to _____
 Due to _____

8. AGE: Years 85 Months 0 Days 12 If less than one day _____ hr. _____ min.

Other conditions 131 P
(Include pregnancy within 3 months of death)

9. Birthplace Breslan Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Labrer
 11. Industry or business _____

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Joseph Galbrech
 13. Birthplace Breslan Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Bertha Ludwig
 15. Birthplace Breslan Germany
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs E H Huff
 (b) Address Butler Mo
 17. (a) Burial (b) Date thereof March 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Kirk Cem.

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? _____

18. (a) Signature of funeral director C. Lewis
 (b) Address Butler Mo.
 19. (a) March 3, 1944 (b) Pauline Compton
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury road
 23. Signature J. D. LaSalle (M. D. or other) _____
 Address Butler Mo Date signed 3-7-44

RECEIVED

District Health Officer No. 7,

District File Number 3-44-350

Date Filed 4-7-44

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

C. E. Culver

Licensed Embalmer No.

2576

P. O. Address

Quita 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.