S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14673

State File No.

FILED MAY 12 1944

Registration District No. 1 Primary Registration District No. 5763-A-5468 Registrar's No. 51

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Rural Taylor Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 1 Strafford, Mo.
(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: 8 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Taylor Township
(If rural, give location)

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

3. (a) PRINT FULL NAME: Perry Thomas Galbraith

3. (b) If veteran, name war: No

3. (c) Social Security No. 491-03-2342

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Leona Galbraith

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

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

8. AGE: Years	Months	Days	If less than one day
48	2	3	hr. min.

9. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Trucker

11. Industry or business: Williams Lumber Co.

FATHER
12. Name: T.D. Galbraith
13. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary
15. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. George Bass
(b) Address: Strafford, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 13, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Danforth

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 4/12/44 (Date received local registrar) (b) Garland Harrison (Registrar's signature)

12 TH (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1944 hour 12 minute 10 a.m.

21. I hereby certify that I attended the deceased from no physician in attendance 19..; that I last saw him alive on 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy:

Duration

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:

23. Signature: Norman C. Stone (M. D. or other)
Address: Springfield, Mo. Date signed 4-12-44

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

MAY 2 1944

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... Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.