. S. No. 2
0M—2-43
ev. 5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17727

FILED MAY 18 1944

Registration District No. ____ Primary Registration District No. 4094 Registrar's No. 71

19 0 0

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Garden City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 45 years

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

3. (a) PRINT FULL NAME James K Galbrath
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb (Month) 2 (Day) 1855 (Year)

8. AGE: Years 89 Months 2 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Ohio (City, town, or county) / (State or foreign country)
10. Usual occupation Jewelerman
11. Industry or business ____
FATHER
12. Name James K. Galbrath
13. Birthplace Ohio (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Elezbeth Kurr
15. Birthplace Ohio (City, town, or county) / (State or foreign country)
16. (a) Informant C.H. Ubeweather
(b) Address Garden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Garden City, Cemetary
18. (a) Signature of funeral director A W Karthman
(b) Address Garden City, Mo.
19. (a) May 10, 1944 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1944 hour 5:00 minute ____ a. m.
21. I hereby certify that I attended the deceased from 10:00 a m May 5, 1944, to May 7, 1944, that I last saw him alive on 3:00 a.m. May 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of the Brain — Duration
Due to a fall
Due to ____
Other conditions Old age
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

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) accident
(b) Date of occurrence May 5th 44 0 17
(c) Where did injury occur? Garden City Cass Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the house his own home (Specify type of place)
While at work? yes (e) Means of injury fall backwards
23. Signature Frank B Eccles (M. D. or other)
Address Eccles Bldg Garden City Date signed 5-8-44

1941

(Licensed Embalmer's Statement on Reverse Side)

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 J.M. Kauffman, Registered Apprentice No. 1030, working under my personal supervision.

Signed J M Kauffman

Licensed Embalmer No. 1030

P. O. Address Garden City, 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.