

N.S. 2
-2-43
-17-39
X35697

State File No.

FILED SEP 18 1944 63

Primary Registration District No. 5241

Registrar's No.

1. PLACE OF DEATH:

(a) County... Cedar

(b) City or town... Fair Play, Mo.

(c) Name of hospital or institution: Rural

(d) Length of stay: In hospital or institution... 1

In this community... 1

2. USUAL RESIDENCE OF DECEASED:

(a) State... (b) County... 20

(c) City or town... 4

(d) Street No... (If rural, give location) 5

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country...

3. (a) PRINT FULL NAME... F.O. Galyan

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex... Male 0

5. Color or race... White

6. (a) Single, widowed, married, divorced... 4

6. (b) Name of husband or wife... May

6. (c) Age of husband or wife if alive... 64 years

7. Birth date of deceased... Nov. 29 1873

8. AGE: Years 70 Months 8 Days 12 If less than one day hr. min.

9. Birthplace... Jefferson County, Tenn. 1

10. Usual occupation... Farmer

11. Industry or business...

12. Name... W.M. Galyan

13. Birthplace... Tenn. 1

14. Maiden name... Margrett Newman,

15. Birthplace... Tenn. 1

16. (a) Informant... Fred Galyan

(b) Address... Fair Play, Mo.

17. (a) Burial (b) Date thereof... 8-13-1944

(c) Place: burial or cremation... Lindley Prairie

18. (a) Signature of funeral director... Barker, Ewing & Blue

(b) Address... Fair Play, Mo.

19. (a) Aug 30 (b) G. Horn... 1291

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Aug... day... 11... 1944... hour... 9... minute... 45 AM

21. I hereby certify that I attended the deceased from... 20th... 1943, to... Aug 9th... 1944

that I last saw him alive on... Aug 9th... 1944

and that death occurred on the date and hour stated above.

Immediate cause of death... Rt Ventricle failure

Due to... Chronic Myocarditis 2 yrs

Due to... Bronchial Asthma ?

Other conditions... (Includes pregnancy within 3 months of death)

Major findings: Of operations... 93d

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... (c) Means of injury...

23. Signature... Dr. R.F. Wilson (M. D. or other) MO

Address... Fair Play, Mo. Date signed... 8/12/44

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

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.....

Richard B. Erwin

Licensed Embalmer No.

3092

P. O. Address.....

Salvador, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30713

Registration District No. 63

Primary Registration District No. 5241

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Medford
(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 _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME F. O. Galvan

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mattie Susan Crow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 29 (Month) (Day) (Year)

8. AGE: Years 70 Months 8 Day _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Tenn

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Eloyd Sparks (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Fair Play Mo. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day _____ year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____, 19 _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____ (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) _____

(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? _____ While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

