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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **3748**

FILED FEB 15 1945 43

Registration District No. \_\_\_\_\_ Primary Registration District No. **4306**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: **Stoddard**

(a) County **Stoddard**

(b) City or town **Essex**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard** **103**

(c) City or town **Essex** **0**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **U**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James H. Galey**

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 **Mary Galey** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **Oct. 16 1861**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **2** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Evansville, Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **No record**

13. Birthplace **No record**  
(City, town, or county) (State or foreign country)

14. Maiden name **No record**

15. Birthplace **No record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. O'Regan**

(b) Address **Essex, Mo.**

17. (a) **Burial** (b) Date thereof **1/13/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Essex cem.**

18. (a) Signature of funeral director **Blankenship-Strickland**

(b) Address **Dexter, Mo.**

19. (a) **1-23-45** (b) **Nona Jones**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **11**  
year **1945** hour **5** minute **20** p.m.

21. I hereby certify that I attended the deceased from **Jan 1<sup>st</sup> 1945** to **Jan 11 1945**  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to **Paralysis**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify kind of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **Essex Mo** Date **Jan 17**

RECEIVED  
District Health Office No. 2,  
District File Number 245-168  
Date Filed 2-7-45

DEC 18 1958

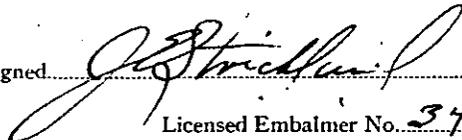
STATEMENT BY LICENSED EMBALMER

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 \_\_\_\_\_



Licensed Embalmer No. 3479

P. O. Address Weymouth, Mass.

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.