

FILED MAR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5093

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 36

1. PLACE OF DEATH:
 (a) County Callaway
Fulton, Mo.
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
402 E 5th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME JENNIE GALWITH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female / 5. Color of race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased Sept 4 1887
 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 12
 If less than one day hr. _____ min. _____

9. Birthplace 8 Mi S of Fulton Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Wilson Davidson
 13. Birthplace Callaway Mo
 14. Maiden name Rebecca Mosley
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Nell Galwith
 (b) Address 402 E 5th St. Fulton, Mo.

17. (a) Burial (b) Date thereof 2; 18 45
 (Burial, cremation, or removal) (Month) (Day) (Year)
Hillcrest
 (c) Place: burial or cremation

18. (a) Signature of funeral director Wallace Funeral Home
 (b) Address Fulton, Mo. S. E. Browning, Mo.

19. (a) 2-17-1945 (b) Joan Mosley
 (Date received local funeral) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 402 E 5th St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
 year 1945 hour 2 minute 10 P. M.
 21. I hereby certify that I attended the deceased from 7/23, 1943, to 2/16, 1945;
 that I last saw her alive on 2/15, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis with hypertrophy
 Duration years
 Due to _____
 Due to _____
 Other conditions Hypertension - atherosclerosis
 (Include pregnancy within 9 months of death) Duration years

Major findings: Of operations none
 Of autopsy none
 PHYSICIAN W. B. D.
 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 Nell Galwith (M. D. or other) M.D.
 Address Fulton, Mo. Date signed 2/17/45

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

4
1
2

MOTHER {

1114)

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 3-10-45

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 Donald C. Downing

Licensed Embalmer No. 2724

P. O. Address Fulton 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.