

S. No. 2  
M-5-43  
7-5-17-39  
I X388271

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6846**  
Registrar's No. **46**

FILED MAR 6 1945

Registration District No. **274** Primary Registration District No. **3052**

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

1. PLACE OF DEATH:  
(a) County **PETTIS**  
(b) City or town **SEDALIA**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2005 E. BROADWAY**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **6 MONTHS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY GALLAGHER**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **PEYTON GIBSON GALLAGHER** alive \_\_\_\_\_ years  
6. (c) Age of husband or wife if \_\_\_\_\_ years  
7. Birth date of deceased **10 - 15 - 1861**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **18**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **BREMER INDIANA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business  
12. Name **JOHN CHRISTIAN MORCKLE**  
13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ROSE ANNA MORCKEL**  
15. Birthplace **FRANCE**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. JUDSON BANKS**  
(b) Address **SEDALIA, MO.**

17. (a) **BURIAL** (b) Date thereof **2-5-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **TIPTON, MO.**

18. (a) Signature of funeral director **JEWEL E. RICHARDS**  
(b) Address **TIPTON, MO.**

19. (a) **2/5/45** (b) **Anna Berger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **MONITEAU**  
(c) City or town **TIPTON**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **3<sup>RD</sup>**  
year **1945** hour **7:30** minute **P** M.  
21. I hereby certify that I attended the deceased from **Nov 3**, 19**44**, to **Feb 3**, 19**45**  
that I last saw him alive on **2-3**, 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis**  
Due to **Atherosclerosis + hypertension**

Other conditions (Include pregnancy within 3 months of death) **92d**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_  
23. Signature **W. Boger** (M. D. or other) **10 MD**  
Address **Sedalia Mo.** Date signed **2-5-45**

1022

RECEIVED

District **MAR - 8 1945** No. 8

District File Num. **3-3-75**

Date Filed **3-3-75**

MAR - 8 1945

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 Jessie E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton, Miss

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.