S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Rawlins

State File No. 24296

FILED AUG 10 1945

Registration District No. _____ Primary Registration District No. 4256 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none--East 5th Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Holden 1
(If outside city or town limits, write "RURAL")
(d) Street No. East 5th Street 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 6
If yes, name country XXXX

3. (a) PRINT FULL NAME GEORGE SAMUEL GALBRAITH
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 1
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha E. Galbraith
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec. 29, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	6	hr. min.

9. Birthplace Herman, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Lumberman
11. Industry or business Operating Saw-Mill
MOTHER FATHER
12. Name Oliver Galbraith
13. Birthplace Unknown (City, town, or county) Unknown 0 (State or foreign country)
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) Unknown 0 (State or foreign country)
16. (a) Informant Martha E. Galbraith.
(b) Address Holden, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Holden Missouri
18. (c) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.
19. (a) 7-8-45 (Date received local registrar) (b) Kathryn S. Canaday (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1945 hour 4/50 minute A M.
21. I hereby certify that I attended the deceased from April 21, 1945 to July 5, 1945 that I last saw him alive on July 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to
Due to
Other conditions Chronic Nephritis
(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) (e) Means of injury —

23. Signature Kelly Rawlins (M. D.)
Address Holden Mo Date signed 7/8/45

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(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.