

**FILED** JAN 21 1948 **STANDARD CERTIFICATE OF DEATH**

State File No. **2852**

Registration District No. **137**

Primary Registration District No. **3086 4218**

Registrar's No. **188**

1. PLACE OF DEATH: Henry  
(a) County: Windsor  
(b) City or town: Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Rest Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2 weeks  
8 years (Specify whether years, months or days)  
In this community:

3. (a) PRINT FULL NAME: Robertta Alma Gallaher  
3. (b) If veteran, name war: No.  
3. (c) Social Security No.

4. Sex: F / 5. Color or race: W 6. (a) Single, widowed, married, divorced: S  
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years  
7. Birth date of deceased: January 24, 1874  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 22 If less than one day hr. min.

9. Birthplace: Benton County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation: at home

11. Industry or business: William Callaher  
12. Name: West Virginia  
13. Birthplace: (City, town, or county) (State or foreign country)  
14. Maiden name: Mary Powers  
15. Birthplace: Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Georgia Prisetley  
(b) Address: Kansas City, Missouri

17. (a) burial (b) Date thereof: Oct. 18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: McIntyre Chapel  
Huston-Turner

18. (a) Signature of funeral director: Windsor, Mo.  
(b) Address:

19. (a) 12-4-45 (b) R. R. Henney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Henry 42  
(c) City or town: Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No.: (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country:

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: October, 16th  
year: 1945 hour: 11 minute: 30 P.M.

21. I hereby certify that I attended the deceased from 3-23-45 to 10-16-45  
that I last saw her alive on 10-1-45 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation  
Duration: 3 min.

Due to: Chronic myocarditis ?

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 930

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: Ray B. Jordan (M. D. State)

Address: Windsor, Mo. Date signed: 10-18-45

JAN 29 1947  
12-43-1351  
1-15-34

FEB 1 1947

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.....  
*Edw. H. Heston*

Licensed Embalmer No. *3391*

P. O. Address. *Windsor, 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.