V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

1372

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3003

State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 320 W. Third St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 320 W. Third St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Irwin Galliher

3. (b) If veteran, name war none

3. (c) Social Security No. 500-01-6891

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Hackworth Galliher

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September (Month) 10 (Day) 1870 (Year)

8. AGE: Years 75 Months 4 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Bloomington (City, town, or county) Illinois (State or foreign country)

10. Usual occupation employee

11. Industry or business Coco Cola Bottling Co.

FATHER
12. Name Lon Galliher
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Galliher

(b) Address 320 W. Third, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 15, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 1-14-46 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1946 hour 4:40 minute P.M.

21. I hereby certify that I attended the deceased from May 21, 1943 to Jan 11, 1946 that I last saw him alive on Jan 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Coronary occlusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 938

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. F. Webster M.D. (M. D. or other)

Address Carthage Mo Date signed Jan 12 46

(Licensed Embalmer's Statement on Reverse Side)

4L 1-33

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 Frank W. Knell Jr, Registered Apprentice No. 379, working under my personal supervision.

Signed Emma L. Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.