

STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1946
Registration District No. 59

Primary Registration District No. 4094

State File No. _____

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Garden City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence of Mrs. P. Oberweather
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Garden City 0
(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 _____

3. (a) PRINT FULL NAME Mary F. Beamer Galbraith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. K. Galbraith 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Dec. 28, 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Beamer
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Adams
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cliff Oberweather
(b) Address Garden City Missouri

17. (a) Jan. 5 (b) Date thereof Jan 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director Paul K. ...

(b) Address Garden City Missouri

19. (a) March 1-1946 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1946 hour 9 minute 56 A.M.

21. I hereby certify that I attended the deceased December 30, 1945 to December 30, 1945;
that I last saw her alive on December 30, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis 20 years
Due to _____

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

Major findings:
Of operations None
Of autopsy X

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) no
(b) Date of occurrence X
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

While at work X (Specify type of place) (e) Means of injury X

23. Signature Frank B. Jones (M. D. number) _____
Address Garden City, Missouri Date signed Jan 7, 1946

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

3923

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 _____

A Ruth Kauffman, Registered Apprentice No. 4001,
working under my personal supervision.

Signed: A Ruth Kauffman

Licensed Embalmer No. 4001

P. O. Address Garden City, N.Y.

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.