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v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19516**

**FILED JUL 9 1946**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **677**

**1. PLACE OF DEATH:**  
 (a) County **Buchanan**  
 (b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Sister Hosp.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Anna T Gallagher**  
 3. (b) If veteran, name war   
 3. (c) Social Security No. **---**

4. Sex **Female** 5. Color or race **W.**  
 6. (a) Single, widowed, married, divorced **Widow**  
 6. (b) Name of husband or wife **Will Gallagher** alive **---** years  
 6. (c) Age of husband or wife if alive **---** years  
 7. Birth date of deceased **Dec 4 1868**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>77</b>	<b>6</b>	<b>8</b>	hr. min.

9. Birthplace **Deerney** **MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **---**

**MOTHER FATHER**

12. Name **James Cairney**  
 13. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Margaret McElroy**  
 15. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ann Eckhart**  
 (b) Address **1432 N. 3rd St. Cameron MO.**

17. (a) **Burial** (b) Date thereof **6-13-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **McDeerport Pa.**

18. (a) Signature of funeral director **Poland Funeral Home**  
 (b) Address **Cameron**

19. (a) **June 12, 1946** (b) **J. Westlebrad**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Clinton**  
 (c) City or town **Cameron**  
(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 **June** day **12**  
 year **1946** hour **---** minute **4:45 P.M.**

21. I hereby certify that I attended the deceased from **June 7 1946** to **June 12 1946**  
 that I last saw her alive on **June 12 1946**  
 and that death occurred on the **date** and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Diabetes Mellitus**

Due to **Arteriosclerosis, general**

Other conditions **---**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **---**  
 Of autopsy **61**

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? **---**

While at work? **---** (Specify type of place)  
 (e) Means of injury **---**

23. Signature **Louis G. Neudorff** (M. D. **---**)  
 Address **825 Charles St. St. Joseph Mo.** Date signed **6/13/46**

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

11  
17

1868

JUL 10 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>will be</sup> was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Blair Nelson

Licensed Embalmer No. 4421

P. O. Address Cameron, 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.**