No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20116

FILED JUL 11 1946

Registration District No. 44 Primary Registration District No. 4234 Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Iron Co
(b) City or town: Ironton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys of the Ozarks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron
(c) City or town: Ironton
(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: Gallahar, Frank
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: W.
6. (a) ~~Single, widowed~~, married, divorced: Married
6. (b) Name of ~~husband~~ or wife: Nannie
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: Feb 27, 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	18	hr. ____ min.

9. Birthplace: Mo (City, town, or county) ____ (State or foreign country)
10. Usual occupation: Farming
11. Industry or business ____
FATHER
12. Name: Mip Gallahar
13. Birthplace: Mo (City, town, or county) ____ (State or foreign country)
MOTHER
14. Maiden name: Margaret Black
15. Birthplace: Mo (City, town, or county) ____ (State or foreign country)
16. (a) Informant: Lillie Baker
(b) Address: Ironton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Black Missouri
18. (a) Signature of funeral director: Norman White & Sons
(b) Address: Ironton Mo
19. (a) 6-14-46 (Date received local registrar) (b) Mrs Avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1946 hour 6 minute 50 a.m.
21. I hereby certify that I attended the deceased from 6-10, 1946 to June 14 1946 that I last saw him alive on June 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis	Duration
Due to: Arteriosclerosis	
Due to:	
Other conditions: Malaria (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? ____ (Specify type of place)
While at work: ____ (e) Means of injury ____
23. Signature: Lynn W Day (M. D. or other) MD
Address: Ironton Mo Date signed 6-14-46

(Licensed Embalmer's Statement on Reverse Side)

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

18989

RECEIVED

District Health Officer No. 4

District File Number 746-2377

Date Filed 7-10-46

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.