

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20626

Registration District No. 146 Primary Registration District No. 3126 State File No. _____ Registrar's No. 221

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 23 years, months or days)

3. (a) PRINT FULL NAME Bessie Wilma Gallatin
3. (b) If veteran, name war No 3. (c) Social Security No. 796-26-8017

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Claud R. 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 8 8 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Chillicothe Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Homemaker

11. Industry or business _____
12. Name William Adams
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Alice Cox
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Claud R. Gallatin
(b) Address 708 Elmwood Kansas City Mo.
17. (a) Burial (b) Date thereof June 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director CH. Blackman & Son, Inc.
(b) Address 2825 Independence Bldg. K. C. Mo.
19. (a) June 22, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Elmwood 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12
year 1946 hour 1 minute 10 A.M.
21. I hereby certify that I attended the deceased from April 4 to June 12, 1946
that I last saw her alive on June 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease Duration 6 mo.
Due to Had influenza in Dec. 1945 which precipitated
Due to Nephritis & hypertension
Other conditions Diabetes mellitus 9
(Include pregnancy within 3 months of death)

Major findings: no operations
Of operations _____
Of autopsy no 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 [Signature] (M. D. or other) _____
Address Independence, Mo. Date signed 6/13/46

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 W E Biddlestone

Licensed Embalmer No. 2174

P. O. Address Kansas City, 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.