S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23424

FILED JUL 26 1946

Registration District No. _____ Primary Registration District No. 5519 Registrar's No. 143

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural Dist Ulrich
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Rural Ulrich
(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 John W. Gallamore
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bettie E Gallamore
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased 11 (Month) 5 (Day) 1878 (Year)

8. AGE: Years 67 Months 5 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Marysville Mo (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Gen Farm work

MOTHER FATHER
12. Name John Nelson Gallamore
13. Birthplace not known (City, town, or county) U.S.A. (State or foreign country)
14. Maiden name Mrs Sharp
15. Birthplace not known (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant J. F. Adkins
(b) Address 5916 - Forest Ave, K.C. Mo
17. (a) Removal KC, Mo (Burial, cremation, or removal) (b) Date thereof 7-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem
18. (a) Signature of funeral director O. J. Bryan
(b) Address Ulrich Mo.
19. (a) 7-11-46 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1946 hour 1300 minute P. M.
21. I hereby certify that I attended the deceased from May 14th, 1946 to July 9th, 1946, that I last saw him alive on July 6 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Few hrs
Due to Coronary trouble for some time, accompanied by	?
Due to Cardiac Asthma.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N H	
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 J. G. McDaniel (M. D. or other)
Address Ulrich Mo Date signed 7/10-46

120 (Licensed Embalmer's Statement on Reverse Side)

APR 23 1948

AUG 5 1946

Registrar's Officer No. 7.

Date Filed 6-26-1946

7-24-46

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton Ind.

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.