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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30109

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 70

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: -------- 214 W. Morrison (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether In this community All his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Fayette (If outside city or town limits, write "RURAL")

(d) Street No. 214 W. Morrison (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Henry Gallemore

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 Jessie E. Munday

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 5 (Day) 1876 (Year)

8. AGE: Years 70 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Dentist

11. Industry or business

FATHER
12. Name J. R. Gallemore
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Francis Miller
15. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Anna Hawkins

(b) Address 214 W. Morrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/46 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Cem. Fayette

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 10-3-1946 (Date received local registrar) (b) Dorothy Fern Sahin Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1946 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from 1936, 19__, to Sept. 29, 1946; that I last saw him alive on Sept 29, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute pulmonary edema	36 hrs.
Due to: Myocarditis	8 yrs.
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

93P

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 0

23. Signature [signature] (M. D. or other) M.D.

Address Fayette, Mo. Date signed 10-2-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number.....
Date Filed 10-12-46

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.