

No. 2  
M-5-43  
5-17-39  
DI X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40294**  
Registrar's No. **1015**

**FILED DEC 28 1946**

Registration District No. **128** Primary Registration District No. **5466**

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

**1. PLACE OF DEATH:**  
 (a) County **GREENE**  
 (b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Route 9 - R. South Campbell Twp**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **83 years** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **JOSAPHINE GALBRAITH**  
 3. (b) If veteran, name war. No. 3. (c) Social Security No.  
 4. Sex **Female** / 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced, **widowed**  
 6. (b) Name of husband or wife **John L. Galbraith**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **December 13, 1861**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>85</b>	<b>0</b>	<b>4</b>	hr. _____ min.

9. Birthplace **Clidis Dale, Illinois** /  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Housewife**

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name **George Christman**  
 13. Birthplace **? Tennessee** /  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Jarett**  
 15. Birthplace **? Tennessee** /  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Addie Fulton (dau)**  
 (b) Address **Route 9, Springfield, Mo**  
 17. (a) **Burial** (b) Date thereof **12-19-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **East Lawn Cemetery**  
 18. (a) Signature of funeral director **ALMA LOHMEYER FUNERAL HOME**  
 (b) Address **Springfield, Missouri**  
 19. (a) **12/19/46** (b) **Mrs Handy**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Greene** **89**  
 (c) City or town **Springfield** "  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Rural Route 9** "  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **December** day **17**  
 year **1946** hour **4:00 P.M.** minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from **Dec 19**  
**1946**, to **Dec 17**, 19**46**;  
 that I last saw h. a. alive on **Dec 17**, 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Cerebral of Liver**  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**46F**  
 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 **M. D. Delaney** (M. D. or other) ✓  
 Address **Springfield Mo** Date signed **Dec 20/46**

---

---

**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..... *C. A. Roof* .....  
Licensed Embalmer No..... *3044* .....  
P. O. Address..... *Springfield, Missouri* .....

**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.**