

FILED JUL 17 1947
 Registration District No. **18**

Primary Registration District No. **3002**

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

1. PLACE OF DEATH:

(a) County **Audrain**
 (b) City or town **Mexico, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Audrain Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether in this community years, months or days) **35 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**
 (c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
 (d) Street No. **729 S. Jefferson**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Ann a Elizabeth Galhaus**
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex **F** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **W**
6. (b) Name of husband or wife **Jack Galhaus** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **March 8, 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **1**
If less than one day hr. min.

9. Birthplace **Macon, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Fredrick Jergason**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Broel**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Badaracco**
(b) Address **Mexico, Missouri**

17. (a) **Burial** **(b) Date thereof** **July 11, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Brendins**
18. (a) Signature of funeral director **Charles Arnold Jr.**
(b) Address **Mexico, Missouri**

19. (a) **July 11-1947** **(b)** **Blanche Neely**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**
 year **1947** hour **8** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **7-10-47** to **7-9-47**
 that I last saw her alive on **7-9-47** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis**
Due to **Carcinoma Ovary?**

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

Major findings:
 Of operations **49A**
 Of autopsy _____

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? _____ **(c) Means of injury** _____
23. Signature **Frank Kelly** **(M. D. or other)** **MD**
Address **Mexico, Mo** **Date signed** **7/11/47**

Duration _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MAR 16 1956

RECEIVED
District Health Officer No. 10
District File Number 747-897
Date Filed JUL 15 1947

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 Everett R. Hens

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.