

S. No. 2
OM-5-43
v. 5-17-39
I X36671

U.S. DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28210
Registrar's No. 56

Registration District No. 172 Primary Registration District No. 30344

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Higginsville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community over 60 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Higginsville
(If outside city or town limits, write "RURAL")
(d) Street No. 613 Fairground Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Moritz Gallatin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Oliver Martin Gallatin 6. (c) Age of husband or wife if alive divorced years
7. Birth date of deceased August 7 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 14th, year 1947 hour _____ minute _____
21. I hereby certify that I attended the deceased from Feb 5, 1947, to August 14, 1947.
that I last saw her alive on August 12, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 0 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death Pericarditis Duration _____
Due to _____
Due to _____

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

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

10. Usual occupation Housewife

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____

12. Name Frank Moritz 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Brody 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Gweneth Gallatin
(b) Address 16 W. 17th St. Higginsville

17. (a) Burial (b) Date thereof 8/16 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville

18. (a) Signature of funeral director Wm H. Neagers
(b) Address Higginsville Mo

19. (a) Aug 17 - 1947 (b) Clayton H. Landrum
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
90B

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) Means of injury 2
23. Signature Leon Spencer (M. D. or other) no.
Address Higginsville, Missouri Date signed 8-14-47

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

54
2
1

District File Number.....
Date Filed 9-12-47

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 Roy F Wiegans
Licensed Embalmer No. 2883
P. O. Address Higginsville 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.