No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34467

Registrar's No. 4255

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 hrs (Specify whether years, months or days)
In this community: 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3210 Holmes 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Joseph Gallemore
3. (b) If veteran, name war: #1
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: ? unknown
6. (c) Age of husband or wife if alive? years
7. Birth date of deceased: 3 (Month) - 26 (Day) - 1873 (Year)
8. AGE: Years 74 | Months 7 | Days 22 | If less than one day hr. min.
9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Physician
11. Industry or business:
FATHER
12. Name: William S. Gallemore
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Cloyd
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Arthur Gallemore
(b) Address: 3210 Holmes st.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Salisbury Mo
18. (a) Signature of funeral director: Stine-McClure
(b) Address: Kansas City, Mo
19. (a) 10-9-47 (Date received local registrar) (b) Herbedine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Oct. day: 8
year: 1947 hour: 7 minute: 50 P.M.
21. I hereby certify that I attended the deceased from Oct. 8 1947 to 10-8 1947
that I last saw alive on 10-8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery disease with subacute myocardial infarction — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: none
Of autopsy: See above

PHYSICIAN — Underline the cause of 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: [illegible] (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 10-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. McDonnell

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.....

Licensed Embalmer No. 14 15

P. O. Address F. C. 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.