

No. 2
-8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37223

State File No. _____

FILED NOV 18 1947

3007

Registrar's No. 392

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff
(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)

3. (a) PRINT FULL NAME Thomas Albert Gallion

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
7. Birth date of deceased Mar. 15 1922
(Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm labor

11. Industry or business _____

12. Name Tom Gallion

13. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Blackley

15. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Gallion

(b) Address Neelyville, Mo.

17. (a) Burial (b) Date thereof Nov. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eaton Cema.

18. (a) Signature of funeral director Minnie Gish F. Service

(b) Address Naylor, Mo.

19. (a) 11-12-47 (b) R. Manette
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles W. of Neelyville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1947 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death External hemorrhage Duration _____
Shock

Skull fracture - compound fracture

Due to right knee and lower right leg

Due to Lacerations over entire chest and abdomen

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

Major findings: _____
Of operations _____

Of autopsy _____

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) Accident 012

(b) Date of occurrence Nov 8 - 1947

(c) Where did injury occur? near Neelyville Butler Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway 67 South

While at work? no (e) Means of injury hit by car

23. Signature Grover W. Green
Address Poplar Bluff Mo Date signed 11/10-47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1147-1481

Date Filed 11-17-47

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.....

Charles Taylor....., Registered Apprentice No. *60*
working under my personal supervision.

Signed *Bryan McCord*.....

Licensed Embalmer No. *4079*.....

P. O. Address *Taylor, 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.