

National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 1937

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town of town limits, write "RURAL" and name of township
Hobbs Mo
(c) Name of hospital or institution Freeman O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether)
In this community 8 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo Kansas
(b) City or town of town limits, write "RURAL"
Galena
(c) Street No. 1217 East 7th
(If rural, give location)
(d) Citizen of foreign country? (Yes or No) 2
If yes, name country.

3. (a) PRINT FULL NAME

Juella Joy Garcia
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1947 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from 26 Oct 1947 to 5 Nov 1947
that I last saw her alive on 5 Nov 1947
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death: Post-partum Eclampsia 8 days

Due to Myocardial failure 1 day

Due to Glomerulonephritis 8 days

Other conditions: Delivered
(Include pregnancy within 3 months of death)
26 Oct 47

Major findings: Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

8. AGE: Years 26 Months 2 Days 28 If less than one day hr. min.

9. Birthplace: Dow City Iowa

10. Usual occupation: house wife

11. Industry or business: at home

12. Name: Charley Igoon

13. Birthplace: Linton City Iowa

14. Maiden name: Emma Pine

15. Birthplace: Iowa

16. (a) Informant: Eugene Garcia
(b) Address: Galena Trans

17. (a) Removal: (b) Date thereof: 11-5-47
(c) Place: burial or cremation: Dub Hill - Galena Mo
18. (a) Signature of funeral director: William Potel
(b) Address: Galena Trans
19. (c) 11-6-47 (Date received local registrar)
(b) Address: Galena Trans (Registrar's signature) 28

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

Signature: Robert Stewart (M. D. or other)
Address: Galena, Kansas Date signed: 5 Nov 47

WRITE PLAINLY--USING UNEADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

NOV 28 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 _____

Harvey E. Newman, Registered Apprentice No. _____,
working under my personal supervision.

Signed Harvey E. Newman

Licensed Embalmer No. 2067 Kans

P. O. Address Salina Kans

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.