

No. 2  
12-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1948

Registration District No. **791**

Primary Registration District No. **3012**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Bell Clinton 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jobin Gall

3. (b) If veteran, name war

3. (c) Social Security No.         

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Katie Gall

6. (c) Age of husband or wife if alive          years

7. Birth date of deceased July 4 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 7 22 hr. min.

9. Birthplace No record Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name No record

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

14. Maiden name No record

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Gall

(b) Address Cameron

17. (a) Burial (b) Date thereof 2-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pauline Cameron MO

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 2/26/48 (b) Caroline Hutchings  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clenden 25

(c) City or town Cameron  
(If outside city or town limits, write "RURAL")

(d) Street No.           
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country         

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26  
year 1948 hour          minute 3:40 P. M.

21. I hereby certify that I attended the deceased from Feb 14  
12-14- 1948, to 2-26 1948  
that I last saw him alive on Feb 26 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia  
without the  
initial stages

Duration 13 days

Due to         

Due to         

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)         

(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) (c) Means of injury         

23. Signature JW Wadd (M. D. number) 0

Address Excelsior Springs, MO Date signed 2-26-48

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-17-48

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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 George P. Trammell

Licensed Embalmer No. 4475

P. O. Address 309 1/2 West 2nd

Cameron, Wisconsin

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.