

No. 10-47  
5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8701  
1284  
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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 #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hrs. 20 Min.  
(Specify whether years, months or days)

In this community About 13 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1304 Highland  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Galbraith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife William Galbraith

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April (Month) 10 (Day) 1914 (Year)

8. AGE: Years 33 Months 11 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Creek Co. (City, town, or county) Okla. (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Henry Randle

13. Birthplace Lawrence Co. (City, town, or county) Ala. (State or foreign country)

14. Maiden name Mattie Baker

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

16. (a) Informant William Galbraith

(b) Address 1304 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn Cemetery

18. (a) Signature of funeral director Earl King Bull

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 3-23-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20  
year 1948 hour \_\_\_\_\_ minute 05A 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 Cardiac Failure

Due to Hypertensive Heart Disease

Due to Acute Alcoholism

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

Major findings: 93d  
Of operations \_\_\_\_\_

Of autopsy no print

Duration

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) (e) Means of injury \_\_\_\_\_

23. Signature H. Williams (M. D. or other) \_\_\_\_\_

Address 2436 Brooklyn Date signed \_\_\_\_\_

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

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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.....

*E. Sterling Bills*

Licensed Embalmer No. 3178.....

P. O. Address 1212 Vine St., Kansas City, 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.**