No. 2
—1/47
5-17-39

40
1
12

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1948

Registration District No. 1942

Primary Registration District No. 3021

State File No. 16083

Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Wright Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2½ days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MINN (b) County STEEL 999
(c) City or town OWATONNA 21
(If outside city or town limits, write "RURAL")
(d) Street No. 250 E MAIN ST 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country —

3. (a) PRINT FULL NAME FRED GALLAHER

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife HAZEL GALLAHER

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Feb. 21, 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 16 If less than one day — hr. — min.

9. Birthplace SABINA Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation MANUFACTURING

11. Industry or business FACTORY

FATHER
12. Name WILLIAM B GALLAHER
13. Birthplace [illegible] Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARA SYLVESTER
15. Birthplace [illegible] MARYLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Gallaher
(b) Address Owatonna, Minn.

17. (a) REMOVAL (b) Date thereof May 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Owatonna, Minn.

18. (a) Signature of funeral director Ramona A Davis
(b) Address Trenton Mo.

19. (a) 5/8/48 (b) Irene Fair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7
year 1948 hour 9:25 minute P M.

21. I hereby certify that I attended the deceased from May 5, 1948 to May 7, 1948
that I last saw him alive on May 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury Left chest and Lung.

Due Auto over turning on wet pavement

Due 10 miles south and east of Trenton

Other conditions Mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170 c-8
Of autopsy 24

Duration

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) accident 40
(b) Date of occurrence May 5 1948
(c) Where did injury occur? Trenton Grundy Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway 65
(Specify type of place)
While at work? (e) Means of injury Auto

23. Signature E. A. Duffy (M. D. or other)
Address Trenton Mo. Date signed May 7 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1948

DEC 14 1949

JUN 2 1948

MAY 18 1949

OCT 8 1949

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.