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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26303**

FILED AUG 26 1948  
Registration District No. **749**

Primary Registration District No. **1002**

Registrar's No. **3060**

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

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 #1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **19 days** (Specify whether  
In this community **40 yrs** years, months or days)

3. (a) PRINT FULL NAME **CHARLES FREMONT GALE**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Wh**

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

6. (b) Name of husband or wife **Anna L. Appleby**

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

7. Birth date of deceased **7 28 1863**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>84</b>	<b>11</b>	<b>27</b>	hr. min.

9. Birthplace **Utahap, New York**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Tinner**

11. Industry or business **Retired**

12. Name **William C. Gale**

13. Birthplace **Liverpool, England**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Lewis**

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

16. (a) Informant **Mrs. Anna Karas**

(b) Address **924 Bennington**

17. (a) **Burial** (b) Date thereof **7/28/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **John P. Sheil**

(b) Address **Kansas City, Mo.**

19. (a) **7-27-48** (b) **Heraldine Holme**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

(c) City or town **924 Bennington**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Kansas City, Mo.**  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **25**  
year **1948** hour **5** 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 **Broncho pneumonia**

Due to **Fracture Right Ankle**

Due to **Injury By Fall**

Other conditions (Include pregnancy within 3 months of death) **Deputy Coroner**

Major findings: Of operations **See Above 1954**

Of autopsy **See Above 1954**

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) **Unknown**

(b) Date of occurrence **7-6-48**

(c) Where did injury occur? **Kansas City Mo**  
(City or town) (County) (State)

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

While at work? **No** (Specify type of place) Means of injury **Trauma**

23. Signature **A.E. Upsher** (M. D. or other) **M.D.**  
**2800 Main** Date signed **7/26/48**

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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

*John P. Shuck*

Licensed Embalmer No.

*3625*

P. O. Address

*66 Md.*

**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.**