FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33524

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 328

1. PLACE OF DEATH:

(a) County: Marion
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hosp. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal (If outside city or town limits, write "RURAL") 4
(d) Street No.: 509 Hafner (If rural, give location) 0
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3. (a) PRINT FULL NAME: Henry Gallagher
3. (b) If veteran, name war ...
3. (c) Social Security No. ...

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Electa Gallagher
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: October 28, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	11	22	... hr. ... min.

9. Birthplace: Richland County Illinois 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Retired

FATHER
12. Name: James Gallagher 4
13. Birthplace: Ireland 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarilda Garrett 1
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: M.T. Gallagher
(b) Address: 509 Hafner Hannibal Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Olney Illinois
18. (a) Signature of funeral director: W Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 10-20-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 20 year: 1948 hour: 8 minute: 40 A. M.
21. I hereby certify that I attended the deceased from: August 21, 1948 to Oct. 20, 1948 that I last saw him alive on: 10-20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	3 days
Due to: Chronic myocarditis Anterior sclerotic type	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: ✓	
Of autopsy: ✓ 93D	

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) ...
(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) 0
While at work? ... (e) Means of injury ...
23. Signature: B. L. Murphy (M. D. or other) M.D.
Address: Hannibal Missouri Date signed: 10/20/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) 0

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

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 L. Ward.....

Licensed Embalmer No.....4540.....

P. O. Address.....Hannibal Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.