

S. No. 2
M-5-43
7-5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40803**

FILED JAN 10 1948

Registration District No. **278**

Primary Registration District No. **4321**

Registrar's No. **176**

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Mercer**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Wayne** **499**
(c) City or town **Rural** **130**
(If outside city or town limits, write "RURAL")
(d) Street No. **2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **James DeMarcus Galiger**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ethel Galiger** 6. (c) Age of husband or wife if alive **30** years
7. Birth date of deceased **January 12, 1906**
(Month) (Day) (Year)

8. AGE: Years **42** Months **10** Days **25** If less than one day hr. min.

9. Birthplace **Mercer County Mo. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**
11. Industry or business **Rented Farm**

MOTHER FATHER
12. Name **Joseph Galiger**
13. Birthplace **Mo. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Lora Holmes**
15. Birthplace **Mo. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ethel Galiger**
(b) Address **Mercer, Mo.**
17. (a) **Burial** (b) Date thereof **Dec 9, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Clilo Iowa, Clilo Cemetery**

18. (a) Signature of funeral director **James S. Ruten**
(b) Address **Lineville, Iowa**
19. (a) **12-29-48** (b) **29 3**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **7** year **1948** hour **10** minute **15 A** 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 **electrocuted** Duration **instant**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **193'**
Of autopsy **11**

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) **accident 15**
(b) Date of occurrence **12-7-48**
(c) Where did injury occur? **Mercer, Mercer Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home in yard
While at work? **Yes** (Specify type of place) (e) Means of injury **coroner**

23. Signature **James S. Ruten** (M. D. coauthor) **Coroner**
Address **Lineville, Mo** Date signed **12-29-48**

WRITE PLAINLY—USE 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 Ames L. Greener

Licensed Embalmer No. 3967

P. O. Address Louisville, Iowa

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.