N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: Pettis
Registration District No.: 668
Primary Registration District No.: 3032
File No.: 19455
Registered No.: 158
City: Sedalia (No. 915½ W 4 St. Ward)
524

2. FULL NAME: Charles E Gansloser

(a) Residence, No. 915½ W 4 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 weeks ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bell Gansloser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25, 1853

7. AGE: Years 85 | Months 4 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bretten Germany

FATHER
13. NAME: Do Not Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Do Not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Will Lafferty Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moriah, Kansas City, Mo DATE: May 18, 1939

19. UNDERTAKER (ADDRESS): Mc Laughlin Bros Sedalia

20. FILED 5-17-, 1939 Mrs Harry Sneed, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1939, to May 16th, 1939
I last saw h. alive on May 16th, 1939. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Nephritis	?
Uremia	May 14th 1939
Other contributory causes of importance:	
Senility	?

Name of operation: None Date of
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jno B. Carlile M. D., M. D.
(Address) Sedalia Mo
5/16/39

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/8/39