

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

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.

1. PLACE OF DEATH:
 (a) County Cedar
 (b) City or town Rural Jefferson
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution All of life (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME John Wm. Gannaway
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex Male
 5. Color of race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rhoda Gannaway
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. 19, 1866
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	27	hr. min.

9. Birthplace Cedar County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 { 12. Name Sam Gannaway
 { 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 { 14. Maiden name CIO Hubbard
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Floyd Gannaway
 (b) Address Stockton, Mo.

17. (a) Allder (b) Date thereof March 18, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation

18. (a) Signature of funeral director W.C. Davis + Co.
 (b) Address Stockton, Mo.
 (c) Date received local registrar March 28 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cedar
 (c) City or town Stockton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
 year 1940 hour 1 minutes 15 A.M.

21. I hereby certify that I attended the deceased from Mar 12, 1940 to Mar 15, 1940
 that I last saw him alive on Mar 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho Pneumonia
 Due to: Influenza
 Other conditions: Pseudo Diphtheria
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations:
 Of autopsy:

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)
 (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?
 While at work? (Specify type of place) (Means of injury)

23. Signature Agnes H. Herbert (M. D. number) MS
 Address Stockton Mo. Date signed 3-28-40

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton, Ca

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, above space should be left blank.