

FILED APR 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11064

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
 (b) City or town Trenton Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2310 Mabel St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
 (Specify whether
 In this community _____
 years, months or days) MPD

8. (a) PRINT FULL NAME Oral Albay Gannon3. (b) If veteran, name war NO 3. (c) Social Security No. NOVA4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Daisy Gannon 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 1 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
60 9 21 40 hr. 15 min.9. Birthplace Mercer County Mo
(City, town, or county) (State or foreign country)10. Usual occupation laborer11. Industry or business 1MOTHER FATHER { 12. Name LYMAN GANNON 113. Birthplace OHIO
(City, town, or county) (State or foreign country)14. Maiden name Lyda Ann Pickett15. Birthplace IND.
(City, town, or county) (State or foreign country)16. (a) Informant: Mrs Daisy Gannon(b) Address: 2310 Mabel17. (a) Ottarbein (b) Date thereof 1-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ottarbein Cem. (Mercer County)18. (a) Signature of funeral director: [Signature](b) Address: Trenton Mo19. (c) 1-28-40 (b) Irene D. Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
 (c) City or town Trenton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2310 Mabel
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1940 hour 11 minute/min 2 second21. I hereby certify that I attended the deceased from
Oct 20, 1939, to Jan 27, 1940
that I last saw him alive on Jan 27, 1940
and that death occurred on the date and hour stated above.Immediate cause of death: Lobar Pneumonia
Duration 4 days

Due to _____

Due to _____

Other conditions: Cholerae coli
(Include pregnancy within 3 months of death)Major findings: Of operations: NoneOf autopsy: None

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?
300 (Specify type of place)
While at work? Yes (e) Means of injury _____23. Signature [Signature] (M. D. or other) 1Address Trenton Mo Date signed 1/28/40

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 2
-11-10-39
5-17-39
I X2148240
4
2

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 11,
District File Number 440-579
Date Filed APR 13 1940

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.....

Charles D. Tyson Registered Apprentice No.....
working under my personal supervision.

Signed: Charles D. Tyson

Licensed Embalmer No. 3109

P. O. Address Frederick, 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, above space should be left blank.