

Registration District No.

556

Primary Registration District No.

5751

Registrar's No.

42

## 1. PLACE OF DEATH:

- (a) County Mercer 7  
 (b) City or town Rural - Ravanna 7/1/40  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 20  
(Specify whether  
 In this community 35 Years  
years, months or days)

8. (a) PRINT FULL NAME Sophonra L. Gann8. (b) If veteran,  
name war8. (c) Social Security  
No.4. Sex Female5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife  
Wm Gann6. (c) Age of husband or wife if  
alive 73 years7. Birth date of deceased Jan. 22 1867  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

73711

hr.

min.

9. Birthplace Mercer(City, town, or county)No. 0(State or foreign country)10. Usual occupation House Wife

11. Industry or business

12. Name Samuel Hendrex18. Birthplace Tenn.(City, town, or county)(State or foreign country)14. Maiden name Margaret Shaffer15. Birthplace Ohio(City, town, or county)(State or foreign country)16. (a) Informant's own signature Mrs Chas Spelton(b) Address Newtown, Mo.17. (a) Burial (b) Date thereof 9-4-40(Burial, cremation, or removal)(Month) (Day) (Year)(c) Place: burial or cremation Newtown, Mo.18. (a) Signature of funeral director Western Funeral Home(b) Address Rayminton, Mo.19. (a) Sept. 7-40  
(Date received local Registrar)J. M. Parry  
Registrar's signature

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Mercer  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. So. E. of Ravanna Mo.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3  
year 1940 hour 4 minute 30 A. M.21. I hereby certify that I attended the deceased from Sept 15  
1940 to Sept 27, 1940  
that I last saw her alive on Sept 27, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Colonial Pneumonia 3  
DurationDue to mitral regurgitation 2 yrsDue to Chronic Degenerative  
HepatitisOther conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 131Of autopsy 980

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?  
404 (Specify type of place)  
1004 (Specify type of place)  
 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. Signature J. M. Parry (M. D. or other)  
Address Rayminton Mo Date signed 9/3-40

RECEIVED  
District Health Officer No. 11,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

**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 H. Ivan Martin  
Licensed Embalmer No. 3760  
P. O. Address Princeton, Ill.

**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.**