FILED JAN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3320 39

Registration District No. 963 Primary Registration District No. 5692 Registrar's No. 217

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

1. PLACE OF DEATH:
(a) County McDonald
(b) ~~City or town~~ Rural Elkriver Ave
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 4 mo 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald 60
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 10 years.

3. (a) PRINT FULL NAME Paul Martin Gann

3. (b) If veteran, name war None

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 3 (Day) 1940 (Year)

8. AGE: Years — Months 4 Days 6 If less than one day hr. min.

9. Birthplace McDonald Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business —

FATHER
12. Name Caddo C Gann
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Staines
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Caddo C. Gann
(b) Address Noel Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson Cem

18. (a) Signature of funeral director Wm Morris Pogue
(b) Address Wheaton Mo

19. (a) 1-11-1941 (Date received local registrar) (b) R C Alexander (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1941 hour 4 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 7, 1941, to Jan 9, 1941; that I last saw him alive on Jan 9, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to	
Due to	
Other conditions (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? 465 (Specify type of place)
While at work? (e) Means of injury

23. Signature S. D. Fountain (M. D. or other) DO
Address Noel, Mo Date signed Jan 11

(Licensed Embalmer's Statement on Reverse Side)

107

RECEIVED
District Health Officer No. 6,
District File Number 141 — 112
Date Filed JAN 13 1941

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 Marris Pogue, Registered Apprentice No. ..... working under my personal supervision.

Signed Marris Pogue

Licensed Embalmer No. 244P

P. O. Address Wheaton, Mo.

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.

S. No. 2B
—2-21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3320

Registration District No. 963 Primary Registration District No. 5692 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Mc Donald

(b) ~~City or town~~ Elk river TP
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Paul Martin Gann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months 4 | Days 6 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) 1-11-1941 (Date received local registrar) (b) H C Alexander (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration 36 hrs

Due to No Complications

Due to

Other conditions (Include pregnancy within 3 months of death) 107

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

23. Signature H C Alexander (M.D. or other)
Address Noel Mo Date signed 3-31-41