S. No. 2
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PI X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FD MAR 11 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6276

Primary Registration District No. 1001

Registrar's No. 151

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

1. PLACE OF DEATH: (a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da. (Specify whether)
In this community 20 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St. Joseph. (If outside city or town limits, write "RURAL")
(d) Street No. 2302 Sylvanie (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LEWIS W. GAGNON (Gagnon)

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race Wht.

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

6. (b) Name of husband or wife MAYME GAGNON

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Dec. (Month) 25th (Day) 1899 (Year)

8. AGE: Years 52 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation SALESMAN

11. Industry or business

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

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

16. (a) Informant MRS. MAYME GAGNON
(b) Address 2302 Sylvanie St. Joseph

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation MT. OLIVET

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo.

19. (a) 2-4-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd. year 1941 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1941, to Feb 2, 1941, that I last saw him alive on Feb. 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure & Chronic Asthma — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) N/A

Major findings:
Of operations —

Of autopsy no

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. F. Mundy (M. D. ~~coroner~~) M. D.
Address 404 So 3d, St. Joseph Date signed 2/4/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1941

DEC 11 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Geo. E. Daniel

Licensed Embalmer No. 3300

P. O. Address St. Joseph, 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, fact should be so stated above.