

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

Rev. 6-17-39  
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.

REC'D MAR 20 1941

Registration District No. 502

Primary Registration District No. 5068

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Linn Co

(b) City or town Marceline Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community all his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LINN

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

(d) Street No. 2 1/4 mi south west of  
(If rural, give location) Marceline Mo

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

3. (a) PRINT FULL NAME John Edmund Gandy

3. (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5  
year 1941 hour near 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from called  
as coroner 19   to   , 19  ;  
was and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mattie Potter Gandy 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 1 1873  
(Month) (Day) (Year)

Immediate cause of death

gun shot wound  
held shot gun at chest  
just over the heart  
causing immediate death

Due to 12 gauge shot gun used

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none

Duration \_\_\_\_\_

8. AGE: Years 68 Months 0 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Elliot Gandy

13. Birthplace Springfield Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Greese

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

16. (a) Informant's own signature Omer Gandy

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Feb 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Olivet Cemetery

18. (a) Signature of funeral director James M Laughlin

(b) Address Marceline Mo

19. (a) 2-8-41 (b) Oliver Barrett  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 2-3-41

(c) Where did injury occur Marceline R.F.D. Linn Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes at his home  
(Specify type of place) (e) Means of injury shot gun

23. Signature Dale Bunch Coroner  
(If P. member) Date signed 2/6/41

Address Marceline Mo

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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 Blanche Mhaughlin  
Licensed Embalmer No. 1907  
P. O. Address Margelive 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.**