FILED APR 10 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

45 20

10822

Do not use this space.

1. PLACE OF DEATH
   (a) County Howard — Registration District No. 379
   (b) Township — Primary Registration District No. 4223 — Registered No.
   (c) City Glasgow — (d) Street No. 1 St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred yrs. 11 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cornelius Gantt
   (a) Residence, No. Glasgow St. 0
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 0
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant. 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1940

7. AGE — YEARS — MONTHS 11 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo. 0

FATHER
13. NAME Solon Gantt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville Mo 0

MOTHER
15. MAIDEN NAME Elsie Bottner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo. 0

17. INFORMANT (ADDRESS) Solon Gantt Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glasgow, Mo DATE Mar. 18 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E W Sixmonth E W S

20. FILED 4-8 1941 J. W. Gardner M.D. C.K. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1941, to 3-18, 1941
I last saw him alive on 3-16, 1941. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset

Other contributory causes of importance:
Influenza

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. B. Kitchen M. D.
(Address) Glasgow, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-9-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.