

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 57

1. PLACE OF DEATH: St. Francois
 (a) County St. Francois
 (b) City or town near Farmington, Mo., Rural St. Francois
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 years
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Evelyn Viola Gann
 (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 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 July 25, 1925
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>8</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name George W. Gann

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

14. Maiden name Ella Ellen Wofford

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

16. (a) Informant Freda A. Woods

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof April 11, '41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run, Mo.

18. (a) Signature of funeral director Sparks Und. Co.

(b) Address Elvins, Mo.

19. (a) Apr 10-41 (b) J. S. Robinson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Elvins, Mo.
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9
 year 1941 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9-21-17, 1938 to 4-9, 1941
 that I last saw her alive on 4-8, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Inferior pneumonia, bilateral
 Duration 3-1-41

Due to _____
 Due to _____

Other conditions Mental deficiency - secondary epilepsy

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? _____

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

23. Signature Paul J. Robinson (M. D. or other) _____

Address Farmington, Mo. Date signed 4-9-41

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

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..... *Ewert Spahr*.....
Licensed Embalmer No..... *2639*.....
P. O. Address..... *Ewert Spahr*.....

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.