

No. 2
4-13-40
5-17-39
PI X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16015

State File No.

Registration District No. 816

Primary Registration District No. 6065

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Benton
(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 _____
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Benton
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME Lawrence Gangeh
(b) If veteran, name war no
(c) Social Security No. None

20. DATE OF DEATH: Month April day 1
year 1941 hour 5 minute 50 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Katherine Gangeh
(c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 8 1867

21. I hereby certify that I attended the deceased from March 7, 1941, to April 1, 1941; that I last saw him alive on March 31, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 27
If less than one day hr. min.

Immediate cause of death Cholecystitis
Due to Biliary calculi

9. Birthplace Benton Mo

Due to _____
Other conditions Chronic Myocarditis - Senility
Hypertension - Arteriosclerosis

10. Usual occupation Retired Farmer

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Philbert Gangeh
13. Birthplace L. Alsace Lorraine Germany
14. Maiden name Mary Eck
15. Birthplace L. Alsace Lorraine Germany

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Paul Gangeh
(b) Address Benton Mo

17. (a) Burial (b) Date thereof 4-4-41
(c) Place: burial or cremation St Dennis Cem Benton Mo

18. (a) Signature of funeral director Bisplinghoff & Hobbers
(b) Address Chaffee

19. (a) 4/4/41 (b) D. D. Dinner
(Date received local registrar) (Registrar's signature)

23. Signature M. P. Bregan (M.D. or other) D.O.
Address Benton, Mo. Date signed 4-1-41

Duration March 11
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2,

District File Number 541-549

Date Filed 5/8/41

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.....

Marnie Bepler Hoff

Licensed Embalmer No. 3242

P. O. Address.....

Chaffee 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.