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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

1941 STANDARD CERTIFICATE OF DEATH

State File No. 20616

Registration District No. 399 FILED JUL 7

Primary Registration District No. 1002

Registrar's No. 2146

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K C Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O Gen'l Hosp # 2 K.C. Mo., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 4 1/2 yrs Unknown

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Mo (b) County Jackson

(c) City or town Kansas City Kans (If outside city or town limits, write "RURAL")

(d) Street No. 633 Garfield O (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME JAMES MASTEN GANT

3. (b) If veteran name war No

3. (c) Social Security No. 496-07-7438

4. Sex M D

5. Color or race negro

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

6. (b) Name of husband or wife Mildred Gant

6. (c) Age of husband or wife if alive -31 years

7. Birth date of deceased AApril (Month) 14, (Day) 1914 (Year)

8. AGE:	Years	Months	Days	If less than one day
	27	1	18	hr. min.

9. Birthplace Pleasant Hill Mo O (City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business

FATHER
12. Name Mass Gant
13. Birthplace Mo O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pearl Lewis
15. Birthplace Mo O (City, town, or county) (State or foreign country)

16. (a) Informant Velma Berry (Sister)

(b) Address 1312 Vine Str K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo

18. (a) Signature of funeral director Flynn + Greenstreet

(b) Address

19. (a) 6/3/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-1-41 Day year hour minute 6 1/2 P M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coron

2nd + 3rd Degree Burn of Body

Due to

Due to Explosion 181

Other conditions (Include pregnancy within 3 months of death) 181

Major findings:
Of operations
Of autopsy

Duration

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) Accident

(b) Date of occurrence 5-31-41 1935

(c) Where did injury occur? K C Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Explosion of Gasoline (Building not involved) (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell W. Kerr (M. D. or other) O

Address K C Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Edw. G. Evans

Licensed Embalmer No. 3836

P. O. Address 819 E 15th K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.