

No. 2  
4-13-40  
5-17-39  
PI X23139

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED JUL 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21550

State File No. \_\_\_\_\_

Registration District No. 247

Primary Registration District No. 5342

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Dallas

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

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Andy Gann

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Gann 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 15 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Dallas Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Creamery employee

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

12. Name Thomas Gann

13. Birthplace Georgia \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Alley

15. Birthplace mo \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Andy Gann  
(b) Address Conway mo

17. (a) burial (b) Date thereof mar 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Mountain Cem

18. (a) Signature of funeral director W. E. Tolman  
(b) Address Lebanon, mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Dallas

(c) City or town Rural Washington Sup  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 2  
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him did not see him else and that death occurred on the date and hour stated above.

Immediate cause of death was from information gathered  
Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 44W  
(Include pregnancy within 3 months of death)

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) \_\_\_\_\_

(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? \_\_\_\_\_

201 at home  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. V. Lindsey (M. D. or other) MD  
Address Conway Date signed 3-4-41

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

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RECEIVED

District Health Officer No. 7;

District File Number 7-41-1198

Date Recd 7-17-41

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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.....

myself....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. E. Holman.....

Licensed Embalmer No. 4107.....

P. O. Address Lebanon, 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.**