S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27381 3039

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Research 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048 3

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.?
(If outside city or town limits, write "RURAL")

(d) Street No. 2804 Tracy
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Park Gano

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Feb. (Month) 22 (Day) 1877 (Year)

8. AGE: Years 64 | Months 4 | Days 10 | If less than one day ___ hr. ___ min.

9. Birthplace Parkville (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name W. G. Gano
13. Birthplace Martinsburg (City, town, or county) W. Virg. 1 (State or foreign country)

MOTHER
14. Maiden name Naomi Hensel
15. Birthplace Cedarville (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs Edna Hoyt

(b) Address 2804 Tracy St. K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1941 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Parkville Mo

18. (a) Signature of funeral director Leland H Francis

(b) Address Parkville Mo

19. (a) 8/12/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1941 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 24, 1941, to July 2, 1941;
that I last saw him alive on July 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure, toxemia of liver, kidneys + viscera in general

Due to Pemphigus Erythematodes

Due to

Other conditions Diabetes Mellitus, Staph infection of eyes
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

61

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature David B. Morgan (M. D. or other) M.D.

Address 1524 Prof. Bldg. K.C., Mo. Date signed July 8, '41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Morgan
Professional Bldg

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Leland H Francis

Licensed Embalmer No. 3451

P. O. Address Parkville Mo

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

If this body is not embalmed, above space should be left blank.