

Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No. \_\_\_\_\_

**FILED NOV 14 1941**

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2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Iron Mo  
 (b) City or town Wenton Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Fair Grounds (add)  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community all life years, months or days \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Iron Mo  
 (c) City or town Wenton Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Fair Grounds (add)  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Maudie Gannon  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Oct day 3 year 1941 hour 7 minute 75 a.m.

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced wid  
 (b) Name of husband or wife Geo Gannon  
 (c) Age of husband or wife if alive (deceased) years \_\_\_\_\_  
 7. Birth date of deceased: (Month) mar (Day) 24 (Year) 1885

21. I hereby certify that I attended the deceased from Jan 1 1941 to Oct 3 1941 that I last saw her alive on Oct 2 1941 and that death occurred on the date and hour stated above.

**8. AGE:** Years 56 Months 7 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage (apoplectic)  
 Due to Previous Cerebral Hemorrhage  
 Duration 8 days

9. Birthplace Kans (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Housewife

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

**MOTHER FATHER**  
 12. Name Selas Miller  
 13. Birthplace Kans (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
 14. Maiden name Agnes Jones  
 15. Birthplace Kans (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 83a  
 Of autopsy \_\_\_\_\_

16. (a) Informant Marie Plean  
 (b) Address Wenton Mo

17. (a) Buried (b) Date thereof Oct 5-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wenton Mo  
Epian Funeral Home

**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? \_\_\_\_\_

18. (a) Signature of funeral director Wenton Mo  
 (b) Address \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature O.R. Reeks (M. D. or other) \_\_\_\_\_  
 Address Wenton Mo Date signed 10-4-41

19. (a) 10-5-41 (b) Wenton Mo  
(Date received by local registrar) (Registrar's signature)

**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

*Chuck Lynn*

Licensed Embalmer No.

*3109*

P. O. Address

*Newton 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.**