

No. 2  
13-40  
17-39  
X229159

FILED DEC 6 1941

State File No. ....

Registration District No. 207

Primary Registration District No. 4125

Registrar's No. 29-34

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

1. PLACE OF DEATH

(a) County. Clinton

(b) City or town. Plattsburg, Mo.  
(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 6 1/2 yrs.  
years, months or days

3. (a) PRINT FULL NAME Elizabeth Garner Gant

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Dr. J. O. K. Gant

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

7. Birth date of deceased March 10 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 6 29 hr. min.

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

10. Usual occupation Home keeper

11. Industry or business

MOTHER FATHER

12. Name Christopher Gant

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mackey

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bess Gant

(b) Address Plattsburg, Mo.

17. (a) Burial (b) Date thereof Oct 11 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Plattsburg

18. (a) Signature of funeral director O. B. ...

(b) Address Plattsburg, Mo.

19. (a) Oct 16-41 (b) Benjamin Chastain  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton <sup>25</sup>

(c) City or town Plattsburg <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. ....  
(If rural, give location) <sup>0</sup>

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9  
year 1941 hour 8 minute 11 A.M.

21. I hereby certify that I attended the deceased from June 16, 1931, to Oct. 9, 1941;  
that I last saw her alive on Oct 9, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis 7 yrs.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations .....

Of autopsy .....

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?

While at work? (Specify type of place) (e) Means of injury .....

23. Signature S. D. Reynolds (M. D. or other) D  
Address Plattsburg, Mo. Date signed Oct 10 41

DEC 1 0 1941

**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.....

*Danell O. Lyon*

Licensed Embalmer No. 3640

P. O. Address. *Plattburg, Mo*

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

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