

JAN 13 1942

85

Primary Registration District No. 1001

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

1. PLACE OF DEATH: Buchanan
 (a) County Buchanan
 (b) City or town St Joseph
 (c) Name of hospital or institution: Mo. Methodist Hosp.
 (d) Length of stay: In hospital or institution 12 hrs
 In this community 12 hours

3. (a) PRINT FULL NAME Frank Alexander Gantz

3. (b) If veteran, name war _____
 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Nelle Grant McDonald Gantz
 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec 31 1865
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	11	22	hr. min.

9. Birthplace Stewartsville MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business retail lumber

12. Name Caspar Gantz

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

14. Maiden name Caroline MOININGER

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

16. (a) Informant Marguerite Gantz

(b) Address Stewartsville Mo.

17. (a) Removal (b) Date thereof Dec-26-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartsville Mo.

18. (a) Signature of funeral director [Signature]
 (b) Address Stewartsville Mo.

19. (a) 12/23/41 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County DeKalb
 (c) City or town Stewartsville
 (d) Street No. [check]
 (e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
 year 1941 hour 7 minute a M.

21. I hereby certify that I attended the deceased from July 18
 1941 to Dec 23 1941
 that I last saw him alive on Dec 23 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to Myocardial Insufficiency chronic

Due to Arteriosclerosis General

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

Major findings: Of operations 94a
 Of autopsy

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Place of injury: While at work? (Specify type of place)
 (f) Means of injury

23. Signature [Signature] (M. D. or other)
 Address [Address] Date signed 12/41

Duration
 Physician
 Underline the cause to which death should be charged statistically.

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.....

F. G. Pigeon
.....
Licensed Embalmer No. *952*

P. O. Address.....

Stewartville 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.