

FILED MAR 16 1942 3

Registration District No. ....

Primary Registration District No. 5342

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Dallas

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME Mandy F Gann

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

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

6. (b) Name of husband or wife J. M. Gann 6. (c) Age of husband or wife if alive..... years  
Birth date of deceased 8 18 1860  
(Month) (Day) (Year)

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

81 5 16 hr. min.

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

10. Usual occupation House Keeper

11. Industry or business.....

MOTHER FATHER

12. Name WILLEY ALLEY

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

14. Maiden name W

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

16. (a) Informant Alex Gann

(b) Address Conway Mo.

17. (a) Burial (b) Date thereof 2-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Mountain

18. (a) Signature of funeral director L. B. James

(b) Address Buffalo Mo.

19. (a) 3-2-42 (b) Miss Ruth Hoover  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DALLAS

(c) City or town RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. Conway Mo.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 2-1, 1942 to 2-4, 1942  
that I last saw her alive on 2-4, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
congestion of lungs

Due to Influenza 2 weeks previous

Due to.....

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

Major findings:  
Of operations..... 33a

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 fall

23. Signature J. W. Hinesley (M. D. or other) M.D.  
Address Conway Date signed 2-10-42

RECEIVED

District Health Officer No. 7,

District File Number 3-42-247

Date Filed 3-13-42

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

Signed Clyde Montgomery  
Licensed Embalmer No. 3592  
P. O. Address Buffalo Ind

**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.**