

FILED APR 17 1947

Registration District No.

Primary Registration District No. 5223

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Madison Township-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX #
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community XX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Madison-Township-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. XXX (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Royal Lafate Gannaway

3. (b) If veteran, name war World War 3. (c) Social Security No. XX

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl Ann Gannaway 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased July 21, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>7</u>	<u>24</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Farmer

11. Industry or business XX

12. Name H. Gannaway

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

14. Maiden name May Mitchell

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

16. (a) Informant Mary Gannaway

(b) Address Fairplay, Mo.

17. (a) Burial (b) Date thereof 3-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) 3-31-47 (b) D. P. Phillips
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch 15 day
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 4, 19 42 to Mch 15, 19 42
that I last saw him alive on Mch 15, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Lukemia (chronic)

Due to #

Due to #

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

Major findings: Of operations None

Of autopsy None

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 Chris A Brown (M. D. or other) D

Address Fair Play MO Date signed 3-16-1947

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 16 1942

RECEIVED

District Health Officer No. 7,

District File Number 4-42-439

Date Filed 4-15-42

MAR 20 1942

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton

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.