

FILED JUN 10 1942 7

Registration District No. _____

Primary Registration District No. 6220

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town MANSEFIELD - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pleasant Valley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Bessie Ethel GANN

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ARTHUR GANN 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased OCT 15 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace GROVE SPRINGS MO. A
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM ANDERSON
13. Birthplace WRIGHT CO. MD
(City, town, or county) (State or foreign country)
14. Maiden name MARY GAYET CUTBERT
15. Birthplace WRIGHT CO. MO.
(City, town, or county) (State or foreign country)

18. (a) Informant Arthur W. Gann

(b) Address Mansefield Mo

17. (a) BURIAL (b) Date thereof MAY 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOLF CREEK CEM

18. (a) Signature of funeral director J. A. Steffe

(b) Address MANSEFIELD MO

19. (a) MAY 8 1942 (b) L. L. Hensley
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town MANSEFIELD - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1942 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 22
1942 to May 6 1942
that I last saw her alive on May 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Fatal Pneumonia
operation (Hysterectomy)
Fibroids uterus
Due to _____
Due to _____

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

Major findings: 106
Of operations _____
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? _____ (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 L. L. Hensley (M. D. or other) DO
Address Mansefield Mo Date signed 5/6/42

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

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 *J.A. Staff*.....

Licensed Embalmer No. 3221.....

P. O. Address *Manfield 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, above space should be left blank.