

Registration District No. 309

Primary Registration District No. 4185

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1942 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 2, 1942 to July 8, 1942
that I last saw him alive on July 8, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration ? years

Due to dropsy 1 mo

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME James Robert Ganote

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Punchon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 20 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name George Ganote

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

14. Maiden name Unknown

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

16. (a) Informant Carl Ganote

(b) Address Winterset, Iowa

17. (a) Burial (b) Date thereof 7/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director [Signature]

(b) Address Albany, Mo

19. (a) July 12-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

1108 (Licensed Embalmer Statement on Reverse Side)
[Signature]

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 Frank H. Rose (M. D. or other) M. D.

Address Albany, Mo Date signed 7-9-42

7-11-42

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Clifford Brooke

Licensed Embalmer No. 3329

P. O. Address Albany, 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.