

FILED OCT 6 1942

State File No. ....

Registration District No. 231

Primary Registration District No. 4346

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery City, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

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

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

3. (a) PRINT FULL NAME JESSE CARSON GANNAWAY

3. (b) If veteran, name war none

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20<sup>th</sup>  
year 1942 hour 7<sup>30</sup> minute --- M.

21. I hereby certify that I attended the deceased from May 1942 to Sept 20 1942  
that I last saw him alive on Sept 19 1942  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race colored

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Polly Gannaway

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec 17 1890  
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia

Due to Carcinoma of Esophagus 1 year Duration

Due to Anemia 1 year Duration

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

8. AGE: Years 51 Months 9 Days 3 If less than one day hr. min.

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

Major findings: Ca of Esophagus

Of operations ---

Of autopsy none ABO

PHYSICIAN ---  
Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer

11. Industry or business ---

12. Name Jesse Gannaway

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

14. Maiden name Harnot Jones

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---

(b) Date of occurrence ---

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 E. J. T. Anderson (M. D. or other) MD  
Address Montgomery City Date signed 9/21/42

16. (a) Informant Polly Gannaway

(b) Address Montgomery City, Mo

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof Sept 23 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo

18. (a) Signature of funeral director A. Starbaw

(b) Address Montgomery City, Mo

19. (a) Sept 23-42 (Date received local registrar)

Mrs. C. O. Day (Registrar's signature)

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

70  
1  
0

18

1000

**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 *Joseph A. Marlow*  
Licensed Embalmer No. *3658*  
P. O. Address *Wartgowey City*

**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.**