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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Rural, J. Campbell
(If outside city or town limits, write "RURAL" and name of townships)

(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mos. 6 days
(Specify whether years, months or days)

In this community 10 Mos. 6 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County Marion

(c) City or town Guin
(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 _____

3. (a) PRINT FULL NAME GANN, Arthur

3. (b) If veteran, name war NO

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1942 hour 10 minute 25 P.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased: May 7, 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 3, 1942 to Nov. 9, 1942

that I last saw him alive on Nov. 9, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 28 Months 6 Days 2 If less than one day hr. _____ min. _____

Immediate cause of death Hemorrhage, pulmonary, massive. Duration since 1939.

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

10. Usual occupation presser, saw-mill laborer

Due to Tuberculosis, pulmonary, far advanced.

Due to _____

MOTHER FATHER { 12. Name William N. Gann

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

14. Maiden name Minnie Butler

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

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

Major findings: 1381
Of operations _____

16. (a) Informant File

(b) Address _____

Of autopsy see causes of death

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

17. (a) Removal (b) Date thereof 11/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winfield, Alabama

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? _____

18. (a) Signature of funeral director Fred C. Thiene
(b) Address Springfield, Mo.

19. (a) 11-12-42 (b) R. W. McComas
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. W. McComas (M. D. ~~State~~)
Address MCFP R. W. McComas Clinical Director Date signed 11-12-42

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..... *P. H. Weimer*

Licensed Embalmer No. *3681*

P. O. Address..... *Springfield, 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.

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