

FILED DEC 31 1942

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
658 West Thomas St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 658 West Thomas
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mrs. Rachel Gann

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

4. Sex Female / race White
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct. 31 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months - Days 19
If less than one day
.....hr.min.

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

10. Usual occupation Housewife

11. Industry or business !! !!

12. Name Unknown Unknown
13. Birthplace !! !!
(City, town, or county) (State or foreign country)
14. Maiden name Barbra M. Bennett
15. Birthplace Buffalo Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ervin Gann
(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Nov. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kalta Bend, Mo.

18. (a) Signature of funeral director J. J. G. Gann
(b) Address Marshall Mo.
19. (a) Nov. 21-42 (b) Mo. Telephone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1942 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from
June 10 1939 to Nov. 21 1942
that I last saw her alive on Nov. 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchi pneumonia 3 days
Due to Chronic endocarditis

Other conditions (Include pregnancy within 3 months of death)
92d
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Edith D. D. (M. D. or other)
Address Marshall Mo Date signed 11-21-42

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

97
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-10-42

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 _____

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.