

FILED JAN 13 1945  
Registration District No. 185

Primary Registration District No. 4115

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Triplitt  
(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 5 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
(c) City or town Triplitt  
(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

3. (a) PRINT FULL NAME JAMES GREEN GANN

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife SERILDA ROBINSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased AUG. 14, 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 20 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Livingston Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Abraham Gann

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

14. Maiden name Unknown

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

16. (a) Informant's own signature B. A. Gann

(b) Address Onawa, Iowa

17. (a) Burial (b) Date thereof Dec 5, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem, Sempal Mo

18. (a) Signature of funeral director Crotts & Wright

(b) Address Triplitt, Mo.

19. (a) Dec 4 42 (b) J. L. Green  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 4  
year 1942 hour 1 minute 15 a. M.

21. I hereby certify that I attended the deceased from Dec 2  
1942 to Dec 4 1942  
that I last saw him alive on Dec 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Asenetic Coma Duration 2 day

Due to Chronic psychosis malaise depressed 3

Due to \_\_\_\_\_

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

Major findings: prostate gland crystals of operations PHYSICIAN \_\_\_\_\_

Of autopsy none 131 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Harry E. Statum (M. D. or other) \_\_\_\_\_

Address Brunswick Mo Date signed Dec 4 1942

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-12-43

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**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 A. B. Wright

Licensed Embalmer No. 3718

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