S. No 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9924

FILED MAR 16 1943

Registration District No. 232

Primary Registration District No. 5238

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural-Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / XX
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Rural- Je fferson Township 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country XX 0

3. (a) PRINT FULL NAME Emeline S. Gannaway

3. (b) If veteran, name war XXX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race white /

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife XXX

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

7. Birth date of deceased Sept. 12, 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	4	23	X hr. X min.

9. Birthplace Cedar County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation House woman

11. Industry or business XX

FATHER
12. Name Woodson Gannaway
13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dinna Beason
15. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

16. (a) Informant Delphia Gannaway
(b) Address Dunnegan, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Tinker Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Missouri

19. (a) 3-1-43 (Date received local registrar) (b) Mrs Ethel Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-5 day
year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Jan. 15, 1943, to Feb. 5, 1943
that I last saw her alive on Jan. 27, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	3 days
Due to Broken right femur ✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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 — 020

(c) Where did injury occur? at home
(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 J. H. LeRoe (M.D. or other) 100

Address Stockton Mo. Date signed 2-6-43

1298

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-43-12
Date Filed 3-3-43

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. .....

P. O. Address .....

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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9924

Registration District No. 62 Primary Registration District No. 5238 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural
(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 (b) County

(c) City or town
(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 Emeline S. Gannaway

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 12 (Month) (Day) 1854 (Year)

8. AGE: Years 87 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 4 days

Due to Broken right femur in bed 22 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

186a
18

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) Accident

(b) Date of occurrence Jan. 14 - 1943

(c) Where did injury occur? In home Cedar Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home on farm - fell on floor (Specify type of place)

While at work? (e) Means of injury fall

23. Signature J. F. LePere (M.D. or other) DO

Address Stockton Mo. Date signed 4-23-43

SUPPLEMENTARY