

S. No. 2
M-5-42
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24671

State File No.

Registrar's No. 97

20
00

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

FILED AUG 7 1943
Registration District No. 2

Primary Registration District No. 5239

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Linn Township-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
xxx /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xxx (Specify whether
In this community xxx years, months or days)

3. (a) PRINT FULL NAME Anne Elizabeth Gannaway

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

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

6. (b) Name of husband or wife Lewis C. Gannawa y 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 9, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 18 xxxxxx min.

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

10. Usual occupation Housewife

11. Industry or business xxxxx

MOTHER FATHER { 12. Name Marcus Clark
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Long
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Joy Mae Johnson

(b) Address Caplinger Mills, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Caplinger Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI

19. (a) 8-2-43 (Date received local registrar) (b) Mrs. Ethel Church (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CEDAR
(c) City or town LINN TOWNSHIP*RURAL (If outside city or town limits, write "RURAL")
(d) Street No. XXXX (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year '43 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 1943 to June 27, 1943; that I last saw him alive on June 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occ
Due to Ch. Bronchial Asthma yrs.

Other conditions (Includes pregnancy within 3 months of death) 94w

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Wm. B. Richter (M. D. or other) Address Stockton Date signed 6-29-43

5007

RECEIVED

District Health Officer No. 7,

District File No. 7-43-779

Date Filed 10-6-43

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.