

S. No. 2
M-5-43
v. 5-17-39
I X36671

7532

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED FEB 24 1944

Registration District No. 170

Primary Registration District No. 4264

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Conway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Missouri (b) County Laclede
(c) City or town Conway (If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JUDA GANN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 28 year 1943 hour 6 minute _____ P.M.
21. I hereby certify that I attended the deceased from October, 1943 to Dec 29, 1943
that I last saw her alive on 12-20, 1943 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife John Gann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb 10 1873
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Duration _____

8. AGE: Years Months Days If less than one day
70 10 18 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Dallas Co mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Henry Gann
13. Birthplace Ind (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Ray Montgomery
(b) Address Conway mo
17. (a) Burial Date thereof 12-30-43 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cemetery
18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon mo
19. (a) 1-31-44 (b) Grace Roper (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. Lindsay (M. D. or other) MD
Address Conway Date signed 1-28-44

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

53
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53

MOTHER FATHER

Received

Laclede County Health Unit

File No.

12-43-195

Date Filed

2-17-44

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

Dorsey M. Howe

Licensed Embalmer No.

4222

P. O. Address

Lebanon 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.