

FILED MAY 10 1944
Registration District No. 2486

Primary Registration District No. 4424

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town HUMANSVILLE
(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 2 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Polk 84
(c) City or town HUMANSVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____ U

3. (a) PRINT FULL NAME CARRIE Belle GANNAWAY

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Lonnie GANNAWAY 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. 5 1998
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 15 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business OWN HOME

12. Name THOMAS A. DIXON

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

14. Maiden name NANCY BAKER

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

16. (a) Informant Lonnie Gannaway

(b) Address Humansville Mo

17. (a) BURIAL (b) Date thereof April 27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HUMANSVILLE CEM.

18. (a) Signature of funeral director T. H. Quinn

(b) Address Humansville Mo

19. (a) April 22-44 (b) Ora M. Rich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1944 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from December 4
_____, 1943, to April 20, 1944;
that I last saw her alive on April 20, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver 1 to 2 yrs.

Due to Cirrhosis of Liver

Due to 24 hr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cirrhosis of Liver with Cholelithiasis
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 O. E. Welch (M. D. or other) P. O.
Address Humansville, Mo. Date signed 4-22-44

YORK HUMANVILLE

CHRY A

ARRIVE 11:10 AM

RECEIVED

District Health Officer No. 71

District File Number

Date Filed

4-44-19
5-8-44

850 F 7000

JUL 6 7 10

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

by me

Registered Apprentice No.

working under my personal supervision.

Signed

E. H. Rimm

Licensed Embalmer No.

4282

P. O. Address

Humansville

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.