

S. No. 2
OM-2-43
v. 5-17-39
-1 X35697

FILED JUL 13 1944
DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21321
Registrar's No. 4

Registration District No. 62
Primary Registration District No. 5240

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural-Washington Township
(c) Name of hospital or institution: XXXX
(d) Length of stay: In hospital or institution. XXX
In this community. XXX

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Cedar
(c) City or town Rural-Washington Twsp.
(d) Street No. XXX
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Clara Florence Gannaway
3. (b) If veteran, name war. XXXXX
3. (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27
1944 year. hour 3:45 minute A.M.
21. I hereby certify that I attended the deceased from 2-18-41
to 5-26-44
that I last saw him alive on 5-26-44
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife G. T. Gannaway
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Jan. 17, 1870

Immediate cause of death
Coronary Thrombosis
Due to Arteriosclerosis + Hypertension
Due to

8. AGE: Years 74 Months 4 Days 10
If less than one day hr. min.

9. Birthplace Anderson, Indiana

10. Usual occupation Housewife

11. Industry or business XXX
12. Name Wilson Swangle
13. Birthplace Ohio

14. Maiden name Narvera Kibby
15. Birthplace Indiana

16. (a) Informant C. B. Gannaway
(b) Address Caplinger Mills, Missouri
17. (a) Burial (b) Date thereof 5-31-1944

(c) Place: burial or cremation Caplinger Cemetery
18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address STOCKTON, MISSOURI

19. (a) 7-1-44 (b) M. Ethel Lechuk

Other conditions
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?
(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 Mo. Date signed 6-1-44

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

20000

RECEIVED
District Health Officer No. 7,
District File Number 6-44-801
Date Filed 7-10-44

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 *Melvin Shiner*
Licensed Embalmer No. *3272*
P. O. Address *Stewart 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.