

FILED MAY 3 1945
Registration District No. 315

Primary Registration District No. 6066

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Roscoe (Rural)
(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 15 years
In this community _____
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Roscoe, Rural
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Charley Andrew Gann,

3. (b) If veteran, name war No 3. (c) Social Security No. 495-10-5778

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oma Gann 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 7th December 14 1904
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Roff Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name Daniel A. Gann
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Gora M. Wriggwater
15. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oma Gann
(b) Address Roscoe Missouri

17. (a) Burial (b) Date thereof 4-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Springs Mo.

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Missouri

19. (a) 4-28-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1945 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 4-13, 1945, to 4-26, 1945;
that I last saw him alive on 4-25, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Undulant Fever Duration 17 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 5
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 T.H. Douglas, Jr. (M. D. or other) MD
Address Osceola, Mo. Date signed 4/26/45

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

RECEIVED

District Health Officer No. 7.

District File Number 4-45-367

Date Filed 5-2-45

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 D. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address Oscoda 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.