

Registration District No. 11

Primary Registration District No. 5045

1. PLACE OF DEATH:

(a) County **Barry**  
(b) City or town **Rural Wheaton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(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 **Barry**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Alvin Ulyess Ghan**

3. (b) If veteran, name war: **--** 3. (c) Social Security No. **---**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Rose Ghan** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **October 17 1868**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **10** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **--**

MOTHER FATHER  
12. Name **Daniel Ghan**  
13. Birthplace **Tenn.** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Narrell**  
15. Birthplace **Tenn** (City, town, or county) (State or foreign country)

16. (a) Informant **Rose Ghan**  
(b) Address **Fairview, Mo. R#**

17. (a) **Burial** (b) Date thereof **4/12/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Muncey Chapel - Wheaton**

18. (a) Signature of funeral director **Wm. Mans Pope**

(b) Address **Wheaton, Mo.**

19. (a) **May 29-1945** (b) **Grace Williams**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10** year **1945** hour **2** minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from **April 8th - 10th**, 19**45**, to **April 10**, 19**45**.  
that I last saw him alive on **April 10**, 19**45**, and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia** Duration **1 day**

Due to **Cardiac Failure** **2 days**

Other conditions **Prostatic** **2 yrs**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **B7** 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
White at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **John R. Eubank** (M. D. or other) **Do**  
Address **Wheaton Mo. 970** Date signed **May 15-45**

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

1077

RECEIVED  
District Health Officer No. 6,  
District File Number 645-689  
Date Filed JUN 8 1945

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 Wm. Morris Logue  
Licensed Embalmer No. 3107  
P. O. Address Wheaton 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.