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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32665

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4230

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution less than one day (Specify whether
In this community one year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4107 Wayne 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry Marion Gannon

3. (b) If veteran, name war No

3. (c) Social Security No. 488-09-3588

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Gannon

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased 9 (Month) - 18 (Day) - 1902 (Year)

8. AGE: Years 43 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Nashville Tenn. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name Samuel Gannon
13. Birthplace Not known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Not known
15. Birthplace Not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Eva Gannon
(b) Address 4107 Wayne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) - 15 (Day) - 45 (Year)
(c) Place: burial or cremation Elmwood Cemetary

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland Ave.

19. (a) 10-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 45 hour 9 minute 55 AM.

21. I hereby certify that I attended the deceased from Coroner, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot Wound of abdomen

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

166

Major findings:
Of operations

Of autopsy no
History & Inspection

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) Homicide

(b) Date of occurrence 10-9-45

(c) Where did injury occur? 1601 Virginia (City or town) K.C. (County) Jackson (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place
(Specify type of place)

While at work? yes (e) Means of injury 25 or # 32

23. Signature James Cabeller (M.D. or other) 2 Coroner

Address 1424 Ary Bldg Date signed 10-11-45

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence D. Larson Registered Apprentice No. 389 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. [illegible]

P. O. Address K. C. 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.