

S. No. 2
M-8-13
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED APR 9 1946

STANDARD CERTIFICATE OF DEATH

State File No. 9889

Registration District No. 163

Primary Registration District No. 5596

Registrar's No. 21

8815
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson

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

(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 _____
(Specify whether years, months or days)

In this community 6. Type

3. (a) PRINT FULL NAME JOSEPH ALFRED GANNON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M D 5. Color or race W

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

6. (b) Name of husband or wife Edna Mary Gannon

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 20 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Debato Rt #1 Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Butcher

MOTHER FATHER

11. Industry or business _____

12. Name Edward Gannon

13. Birthplace Ireland I
(City, town, or county) (State or foreign country)

14. Maiden name Madha Harris

15. Birthplace Gannington Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Mary Gannon

(b) Address Debato Mo. Rt. #1

17. (a) Burial (b) Date thereof Apr 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Park Debato Mo

18. (a) Signature of funeral director Small B. Smith

(b) Address Debato Mo. Rt. #1

19. (a) 4/3/46 (b) Marie Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50

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

(d) Street No. 2 mi. East of Debato Highway 110
(If rural, give location)

(e) Citizen of foreign country? no D (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan 13, 1946 to Mar 28, 1946
that I last saw him alive on Mar 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1 wk
Hypertension (essential) yrs
arteriosclerosis yrs

Due to _____

Due to _____

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations g50

Of autopsy _____

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 J. P. Ingels D.O.
Address Debato Mo. Date signed 3/30/46

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-8-46

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 Lowell B. Dretzky

Licensed Embalmer No. 4104

P. O. Address Depto 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.