

**FILED** JUN 14 1946

State File No. \_\_\_\_\_  
Registrar's No. 46

Registration District No. 178

Primary Registration District No. 4286

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town La Grange  
(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 57 10 8  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town La Grange 2  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John A. Gantt

(b) If veteran, name war War 1

(c) Social Security No. 327-05-1615

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17  
year 1946 hour 1 minute 5 P.M.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Carrie Gantt

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased July 9th. 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MAY 6 1946 to MAY 17 1946  
that I last saw him alive on MAY 17 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 10 Days 8  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace La Grange Missouri  
(City, town, or county) (State or foreign country)

Immediate cause of death  
CHRONIC NEPHRITIS  
CHRONIC MYOCARDITIS  
RYORHEA ALVEOLARIS

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Crane Operator

11. Industry or business Foundry

MOTHER FATHER

12. Name John Gantt

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

14. Maiden name George Newman

15. Birthplace Monticello Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1318

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Elmer Ellsford

(b) Address La Grange, Missouri

17. (a) Burial (b) Date thereof 5/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director J. P. Roberts

(b) Address La Grange, Missouri

19. (a) 2-20-46 (b) P. W. Jennings  
(Date received local registrar) (Registrar's signature)

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 W. P. Tolley M.D. (M. D. or other) \_\_\_\_\_  
Address La Grange MO Date signed 5/18/46

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

6  
02

10

APR 21 1946

JUN 18 1946

AUG 8 1946

RECEIVED

District Health Officer No. 10

District File Number 6-46-1171

Date Filed JUN 13 1946

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.....

A.A. Roberts....., Registered Apprentice No.....  
working under my personal supervision.

Signed *A.A. Roberts*.....

Licensed Embalmer No. 1626.....

P. O. Address La Grange, Missouri.....

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.