

**FILED** JUN 13 1946

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution:  
715 Milwaukee St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn <sup>59</sup>

(c) City or town Chillicothe <sup>1</sup>  
(If outside city or town limits, write "RURAL.")

(d) Street No. 715 Milwaukee St. <sup>2</sup>  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) <sup>0</sup>  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pearl Gann

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1946 hour 1 minute 30 A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James H. Gann

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

Birth date of deceased May 11, 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1946 to May 5, 1946

that I last saw him alive on May 4, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 11 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Bronchial Pneumonia

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

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

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

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

10. Usual occupation At home

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Benton Morgan

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

14. Maiden name Minerva Burgess

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

107

16. (a) Informant Walter Gann

(b) Address Brunswick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Gibbons Cemetery

18. (a) Signature of funeral director Donald P. Goodall

(b) Address Chillicothe, Mo.

19. (a) May-6-46 (Date received local registrar) (b) Frances B. Neill (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 F. D. Dawell (M. D. or other) <sup>0</sup>

Address Chillicothe, Mo. Date signed 6-46

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

16168

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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 Ronald F. Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.**