

No. 2
8-43
17-39
X37823

FILED SEP 16 1946

Registration District No. 2-2-2

Primary Registration District No. 5-2-4/5981

State File No. _____
Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Poke

(b) City or town Rural--Madison Township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XXXXX (Specify whether years, months or days)

In this community All of life

3. (a) PRINT FULL NAME ISASC GANNAWAY

3. (b) If veteran, name war XXX

3. (c) Social Security NEXXXXX

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mae Gannaway

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 13, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 6 22 X hr. X min.

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

10. Usual occupation Farming

11. Industry or business XXXXXXXX

MOTHER FATHER { 12. Name Tom Gannaway

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

14. Maiden name Sarah Grimes

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

16. (a) Informant May Gannaway

(b) Address Dunnegan, Missouri

17. (a) Burial (b) Date thereof 9-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 9-7-46 (b) Seneca Gannaway
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Poke

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

(d) Street No. Madison ? Township
(If rural, give location)

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

If yes, name country XXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1946 hour _____ minute _____ M

21. I hereby certify that I attended the deceased from Did not
that he 1946 to _____ 1946

that I last saw him alive on Sept 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cherry @
pneumonia,
nephritis and
mitral regurgitation

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury _____

23. Signature Ed J. Smith (M. D. or other) _____
Address Fair Play Date signed 8/24

REGISTRATION
Case No. 7,
8-46-946
Date filed 9-10-46

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton, 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.