

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 6 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **198767**  
Registrar's No. **17**

Registration District No. **344** Primary Registration District No. **6-1-62 6/61**

**1. PLACE OF DEATH:**  
(a) County Stone  
(b) City or town Rural Flat Creek twp.  
(c) Name of hospital or institution:  
Home of Noah Wilson, Rt. 1 Cape Fair  
(d) Length of stay: In hospital or institution 2 months  
In this community 2 months

**3. (a) PRINT FULL NAME** Marvin Cleo Gann  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** July 1 1945  
(Month) (Day) (Year)  
**8. AGE:** Years Months Days If less than one day  
1 10 12 hr. min.

**9. Birthplace** Conway Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

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

**12. Name** Freeman Gann  
**13. Birthplace** Springfield Mo.  
**14. Maiden name** Dorothy Wilson  
**15. Birthplace** Shell Knob Mo.

**16. (a) Informant** Noah Wilson  
**(b) Address** Rt. 1, Cape Fair, Mo.

**17. (a) Burial** Fields Cemetery  
**(b) Date thereof** 5-13-47  
**(c) Place: burial or cremation** \_\_\_\_\_

**18. (a) Signature of funeral director** Koon Funeral Home  
**(b) Address** Cassville Mo.

**19. (a) 5-22-47** **(b) Myrtle Goforth**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Barry  
(c) City or town Rural  
(d) Street No. near Cato, Mo.  
(e) Citizen of foreign country? no

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month May day 12  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental -  
Crushing injury  
to chest.  
Due to \_\_\_\_\_

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence May 2-47

(c) Where did injury occur? Cato, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm  
While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Falling object

**23. Signature** Go Purvas (M. D. or other) \_\_\_\_\_  
**Address** Cassville, Mo. **Date signed** 5-15-47

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

500

463  
184

RECEIVED  
District Health Officer No. 6,  
District File Number 647-628  
Date Filed JUN 5 1947

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

body was not embalmed, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.