

Registration District No. **155**Primary Registration District No. **557A**Registrar's No. **114**

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Rural - JOPLIN TOWNSHIP**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Joplin R#**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3-4 Months**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Independence**
 (If outside city or town limits, write "RURAL")
 (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 **Joanna Davison Gant**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
 6. (b) Name of husband or wife **Ed GANT;** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **October 20, 1888**
 (Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **17** If less than one day _____ hr. _____ min.

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

10. Usual occupation **own home**

11. Industry or business _____

12. Name **George Davison**
 13. Birthplace **Polk County, Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Olive Wright**
 15. Birthplace **Belleville, Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ralph Pratt**
 (b) Address **Joplin, R#, Missouri**
 17. (a) **Burial** (b) Date thereof **7-9-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Carl Junction Cemetery**

18. (a) Signature of funeral director **Parker Hunsaker**
 (b) Address **Joplin, Missouri**
 19. (a) **JULY 14, 1947** (b) **Carl Junction**
 (Date received local registrar) (Registrar's name and title)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7**
1947 year _____ hour **3** minute **00** P. M.

21. I hereby certify that I attended the deceased from **June 3, 1947, to July 7, 1947**
 that I last saw her alive on **July 5, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Intra-abdominal Hemorrhage** Duration **2 days**
 Due to **Metastatic Melano-Sarcoma** **6 years**

Due to _____

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

Major findings: **Eye Enucleation.**
 Of operations **report- Melano-Sarcoma.**

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____
 23. Signature **W. M. Stoughton** (M.D. or other) **D. O.**
 Address **Joplin, Missouri** Date signed **7-9-47**

47-7-594

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 F. M. Jones

- - Licensed Embalmer No. 2319
P. O. Address Joplin 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.

Registration District No. 155

Primary Registration District No. 5574

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Butler
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Journa O. Hunt
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 20 (Month) (Day) (Year)

8. AGE: Years 58 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month _____ year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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: Enter - abdominal hemorrhage

Due to Melanoma - Sarcoma of Liver - Primary site. Due to metastasis to lymphatics of abdomen & lungs
Other conditions: Melanoma - Sarcoma of left eye
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 [Signature] (M.D. or other) D.O.
Address _____ Date signed _____

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

SUPPLEMENTARY

24590