

FILED DEC 15 1947
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5133**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **3301 Paseo**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **35 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **3301 Paseo**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **JOHN R. GANT**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Octavia Gant**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **June 25th 1871**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	5	9	hr. min.

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

10. Usual occupation **Traveling Salesman**

11. Industry or business **Cigars**

12. Name **Thomas R. Gant**

13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna E. Hughes**

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

16. (a) Informant **Mrs. Octavia Gant**

(b) Address **3301 Paseo**

17. (a) **Removal** (b) Date thereof **12-7-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawson, Mo.**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd, St. Kansas City, Mo.**

19. (a) **12-6-47** (b) **St. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **4th**
year **1947** hour **7:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 1** 19**47** to **Dec 4** 19**47**
that I last saw him alive on **Dec 4** 19**47**
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death **Carcinoma of rectum 3 yrs**

Due to

Due to

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 **J. E. Soll** (M. D. or other)

Address **1102 E 47th** Date signed **12/6/47**

49
43
8

MOTHER FATHER

DEC 12 1955

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 Almer C. Wedelin

Licensed Embalmer No. 3495-

P. O. Address N. C. 2 Ind.

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.

1:30 P.M. 5:000.000