

FILED DEC 26 1947
Registration District No. 189

Primary Registration District No. 5702

Registrar's No. 11

1. PLACE OF DEATH:

(a) County... Livingston
(b) City or town... Rural Mooresville Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles N. W. of Mooresville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community... 66 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Livingston
(c) City or town... Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles N.W. Mooresville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Roy Edward Gaunt

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 9th
year 1947 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 26
1947 to Dec 1 1947
that I last saw h. alive on Dec 1 1947
and that death occurred on the date and hour stated above. Duration 4 wk

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced... Married
6. (b) Name of husband or wife... Rose A. Gaunt 6. (c) Age of husband or wife if alive... 66 years
7. Birth date of deceased... October 4 1881
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhages at internal base
Due to Feb 1944
Due to.....

8. AGE: Years Months Days If less than one day
66 2 4 hr. min.

Other conditions... (Include pregnancy within 3 months of death)
E. A. Thompson M.D.
Major findings: Of operations.....
Of autopsy.....
PHYSICIAN

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

10. Usual occupation Farming

11. Industry or business.....

12. Name Silas A. Gaunt

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

14. Maiden name Josephine Collins

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

16. (a) Informant Mrs. Rose A. Gaunt

(b) Address R. R. Mooresville, Missouri

17. (a) Burial (b) Date thereof 12-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe Missouri

19. (a) 12-13-47 (b) Kathleen Patta
(Date received local registrar) (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?..... (Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature E. A. Thompson (M. D. or other)
Address Precedence Date signed.....

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

MOTHER FATHER

Dec 10-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton Norman.....

Licensed Embalmer No.....: 4036.....

P. O. Address Chillicothe, Missouri.

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.