

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1948

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:  
Ray County Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray <sup>89</sup>

(c) City or town Richmond  
(If outside city or town limits, write "RURAL") <sup>5</sup>

(d) Street No. Ray County Home  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME KELLY J. GANT

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th  
year 1948 hour 1:15 minute A. M.

4. Sex Male <sup>D</sup>

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: May 18, 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 11, 1948 to Aug 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia  
Leukemia

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

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

Duration \_\_\_\_\_

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

<u>64</u>	<u>2</u>	<u>23</u>	hr. min.
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Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 740

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

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

12. Name Lorenzo Dow Gant

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

14. Maiden name Mattie Ray

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

16. (a) Informant Zennie Feeney

(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof Aug. 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rayville, Missouri

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

(b) Address 627 East Main St., Richmond, Mo.

19. (a) Sept 11 - 1948 (b) Mattie Jackson  
(Date received local registrar) (Registrar's signature) 272

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) [Signature]

Address \_\_\_\_\_ Date signed 10/16/48

211101  
**RECEIVED**

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-6-48

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**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 William L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.**