

FILED DEC 29 1948

State File No.

Registration District No. 172

Primary Registration District No. 4269

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town ~~Wentzville~~ Corder,  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Alma (Rural)  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Gant,

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

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. ? 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>-83</u>	<u>?</u>	<u>?</u>	hr. _____ min. _____

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

10. Usual occupation Farm Laborer,

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

12. Name Dont Know 6

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

14. Maiden name Dont know

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

16. (a) Informant Bennie Gant

(b) Address Blackburn, Missouri

17. (a) Burial (b) Date thereof 12/14/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Alfred H. Brewer

(b) Address Alma, Missouri

19. (a) Dec 15-1948 (b) Clayton W. Landrum  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11,  
year 1948 hour One minut 30 p. M.

21. I hereby certify that I attended the deceased from Dec. 10,  
19 48 to Dec. 11 19 48  
that I last saw him alive on Dec. 10 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration \_\_\_\_\_

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

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

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

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

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

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 2

23. Signature Tom Higgins (M. D. or other) D.O.

Address Higginsville, Mo. Date signed 12-14-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-28-48

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 *Alfred W. Bremer*  
Licensed Embalmer No. 2696

P. O. Address Alma, 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.