

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15525

State File No. _____

FILED JUN 6 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 474

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>6 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2356 North Summit</u>		d. STREET ADDRESS (If rural, give location) <u>2356 North Summit</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>	b. (Middle)	c. (Last) <u>Gann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 25, 1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco</u>	11. BIRTHPLACE (State or foreign country) <u>Webster Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John A Gann</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ray</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Joiner, Gann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Grace Joiner, Gann Springfield, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		792X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 22, 1949, to May 28, 1949, that I last saw the deceased alive on May 27, 1949, and that death occurred at 4:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. G. Bechtold M.D.</u>	(Degree or title)	23b. ADDRESS <u>1630 McPherson Springfield Mo</u>	23c. DATE SIGNED <u>May 31 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-31-49</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Timber Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/2/49</u>	REGISTRAR'S SIGNATURE <u>W.E. Hardy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Jahmeyer Funeral Home</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16 1958

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed *Jewell E. Kinde* _____

Licensed Embalmer No. *2831* _____

P. O. Address *Springfield* _____

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.