F.S. No. 300
REV. 10.48

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

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29123

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6271 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE: Mo.
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conway
d. STREET ADDRESS (If rural, give location): Washington Township

3. NAME OF DECEASED (Type or Print)
a. (First): AIFRED
b. (Middle): H.
c. (Last): GANN

4. DATE OF DEATH (Month) (Day) (Year): 8-26-49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-14-1883
9. AGE (In years last birthday): 66 — If under 1 year: Months: 5 Days: 12 — If under 1 hr.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: 0
13a. FATHER'S NAME: Thomas Gann
13b. MOTHER'S MAIDEN NAME: Rebecca Alley
14. NAME OF HUSBAND OR WIFE: Lola Gann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Lola Gann
ADDRESS: Conway, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes

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.

INTERVAL BETWEEN ONSET AND DEATH

7955

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. K. Kelley Coroner 3
23b. ADDRESS: Fordland Mo
23c. DATE SIGNED: 8-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-28-49
24c. NAME OF CEMETERY OR CREMATORY: Gann Cemetery
24d. LOCATION (City, town, or county) (State): Polk Co. Mo.

DATE REC'D BY LOCAL REG.: 9/3/49
REGISTRAR'S SIGNATURE: J. Frauert 392
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Jones
ADDRESS: Buffalo Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 6 1949
District Health Office No. 6,
District File Number 949-1025
Date Filed 9-12-49

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.

Student .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 558

P. O. Address Buffalo Me

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.