

FILED MAR 12 1947

Registration District No. 77

Primary Registration District No. 3016

State File No.

Registrar's No.

56

1. PLACE OF DEATH:

(a) County COLE  
(b) City or town JEFFERSON City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1114 MOREAU DRIVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 2 yrs  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME EARNEST S. GANTT

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife HELENA PETTIGALE 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased JAN 11, 1867  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 22 If less than one day hr. min.

9. Birthplace CENTRALIA Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation SUPREME COURT JUDGE

11. Industry or business

12. Name PATRICK H. GANTT  
13. Birthplace OK  
(City, town, or county) (State or foreign country)  
14. Maiden name MARTHA FISH  
15. Birthplace CALLAWAY Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. E. S. GANTT  
(b) Address JEFFERSON City Mo  
17. (a) BURIAL (b) Date thereof 3-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MEXICO Mo

18. (a) Signature of funeral director Chas. L. Smith  
(b) Address Mexico Mo  
19. (a) 3-5-47 (b) R. G. Davis MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County COLE  
(c) City or town JEFFERSON City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1114 MOREAU  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1947 hour 3 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Feb 5, 1947 to March 4, 1947  
that I last saw him alive on March 3, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death:

Coronary occlusion 10 min  
Influenza 7 days  
Coronary Arteriosclerosis 2 yrs

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

23. Signature N. Kanagawa (M. D. or other) MD  
Address 1001 Ballinger Bldg Date signed 3/5/47

*Honolulu*

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed *3/11/47*

JUL 7 1948

MAR 17 1947

### 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

*Cros Curran*

Licensed Embalmer No. *3569*

P. O. Address *Mexico, Mo.*

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.