

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26104

Registration District No. 740 Primary Registration District No. 5975 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Ray, Crooked River
(b) City or town Rockham, Mo #4
(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 9
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town R.R. Norborne
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Lakeview
(If rural, give location)
(e) If foreign born, how long in U. S. A. American years.

3. (a) PRINT FULL NAME JAMES M. GANT 530
3. (b) If veteran, name war — 3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7-12-40 day —
year 46 hour 12-30 minute P M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Josephine Swartz 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased March 19-1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-20-40, 19— to 7-12-40, 1940
that I last saw him alive on 7-12-40, 19—
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 3 Days 23 If less than one day hr. — min. —

Immediate cause of death myocarditis
Due to unknown
Due to 42A

9. Birthplace Ray Co Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name John A. Gant
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Mary Eljath
15. Birthplace Bushanan Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations —
Of autopsy —

16. (a) Informant Mrs Maude Gant
(b) Address Rockham Mo #4
17. (a) Not to be buried (b) Date thereof 7-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

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? —

(c) Place: burial or cremation Temple Jackson Mo
18. (a) Signature of funeral director John W. Knipfshild
(b) Address Paris Mo
19. (a) (Date received local registrar) (b) — (Registrar's signature)

23. Signature B.C. Cole (M. D. or other) —
Address Norborne Mo Date signed 7-13-40

Duration unknown
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-16-40

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.

