# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

29461
Do not use this space.

FILED SEP 25 1940

1. PLACE OF DEATH
(a) County Ray 2
(b) Township 0
(c) or City Richmond Mo.
Registration District No. 744
Primary Registration District No. 3035
Registered No. 82
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Several yrs mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lawrenzo Dow. Gant
(a) Residence, No. 215 South Collage St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Gant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28. 1856

7. AGE: YEARS 83 | MONTHS 10 | DAYS 15 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville Mo. 0

FATHER
13. NAME W. F. Gant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville Mo. 0

MOTHER
15. MAIDEN NAME Eliza Queener
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville Mo. 0

17. INFORMANT (ADDRESS) Zennie Feeney Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crowley Cemetery DATE Aug. 15. 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Thurman Richmond Mo.

20. FILED Aug 14-40 19 Mabel Jackson
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1940, to Aug 12, 1940
I last saw him alive on Aug 12, 1940 Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset Aug 1

Other contributory causes of importance: Uremic poisoning

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Dr. E. G. Kerr K.B.D.
(Address) Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

RECEIVED
District Health Officer No. 8,
Service File Number
Date Filed 9-11-40

## 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, ~~drby~~.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2073

P. O. Address Richmond Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**