No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6629

MAR 14 1941

Registration District No. 165 — Primary Registration District No. 5234 — Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Caplingers Mill, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Washington Twp. / Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 90

(c) City or town Caplingers Mill, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Geo. Thomas Gannaway

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive 71 years
Clara Florence Gannaway

7. Birth date of deceased April 8, 1865
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	8	29	____ hr. ____ min.

9. Birthplace Cedar County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business ____

FATHER
12. Name Washington Walker Gannaway
13. Birthplace Tenn. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angelina Raines
15. Birthplace Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant C. M. Gannaway
(b) Address Caplingers Mill, Mo.

17. (a) Burial (b) Date thereof 1-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caplingers Mill

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Mo.

19. (a) Jan 15 (b) Mrs Minnie Carleton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1941 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 24, 1940, to January 7, 1941; that I last saw him alive on January 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Edema of lungs	3 days
Due to: Chr. myocarditis & myocardial degeneration	2 yr.
Due to:	
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? 935
(Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Benard C. Adler (M. D. or other) MD
Address Stockton, Mo. Date signed 1-8-41

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Olmsch

Licensed Embalmer No. 3272

P. O. Address Stockton

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

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