No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

6761

State File No.

MAR 14 1941

Registration District No. 219

Primary Registration District No. 4132

Registrar's No.

700

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

**1. PLACE OF DEATH:**

(a) County: Cooper Co

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community: Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Cooper 27

(c) City or town: Bunceton 0
(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.? years.

3. (a) PRINT FULL NAME: Anna MARia Gander

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John Henry Gander

6. (c) Age of husband or wife if alive: X years

7. Birth date of deceased: March 25th 1852
(Month) (Day) (Year)

8. AGE: Years 89 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace: Va.
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business:

FATHER
12. Name: Russel Presgraves
13. Birthplace: Va.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lee Kearns
15. Birthplace: Va.
(City, town, or county) (State or foreign country)

16. (a) Informant: J. V. Gander
(b) Address: Bunceton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation: New Lebanon Cem.

18. (a) Signature of funeral director: L. G. Parker
(b) Address: Bunceton, Mo.

19. (a) 3-3-41 (Date received local registrar) (b) Ann Whitaker (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March Day 2
year 1941 hour 1 minute P M.

21. I hereby certify that I attended the deceased from for chr. for 15 years to ten years, 19..;
that I last saw her alive on March 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis — Duration: Perhaps 15 years

Due to:

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: L. Rokeep (M. D., or other)
Address: Bunceton Mo Date signed 3/3/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-41

**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 myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Lucius F. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville, 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, above space should be left blank.**