

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11359

State File No. \_\_\_\_\_

FILED APR 24 1942  
Registration District No. 553

Primary Registration District No. 575-3 5751

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Preyer

(b) City or town Rowan, Mo. Rural

(c) Name of hospital or institution: Route #1 Rowan, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 72 years  
years, months or days)

3. (a) PRINT FULL NAME Arla Jane GANNON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NO 76

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife WILLIAM H. GANNON

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 16, 1869  
(Month) (Day) (Year)

8. AGE:

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <u>72</u> | <u>4</u> | <u>3</u> | _____ hr. _____ min. |

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Walter Fickett

13. Birthplace Mercer County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lynna Ann Collins

15. Birthplace Union Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Forest Gannon

(b) Address Front Rowan, Mo.

17. (a) Funeral Home (b) Date thereof Feb 21 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home, Mercer County

18. (a) Signature of funeral director Doris Zuercher

(b) Address Front, Mo.

19. (a) 2/28/42 (b) Jessie Alley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Preyer 065

(c) City or town Rowan, Mo. R.70#1  
(If outside city or town limits, write "RURAL")

(d) Street No. Rowan, Mo. R.70#1  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19th  
year 1942 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from Feb. 13  
1942 to Feb. 19 1942  
that I last saw her alive on Feb. 19th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to enlarged heart

Due to kidney disease from tooth infection

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations no

Of autopsy no 115a

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)

(c) Means of injury \_\_\_\_\_

23. Signature G. A. Dales (M.D. or other) Dr. D.

Address Box 88 Newtown, Mo. Date signed 2/21/42

**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..... *Robert B. Davis* .....

Licensed Embalmer No. *7219* .....

P. O. Address: *Trenton, 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.**