S. No. 2
DM—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1944

Registration District No. 255

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5875

State File No. 31416

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thomasville Moore Twsp.
(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 1 (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thomasville 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Frances Gann

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex 1 Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife John F. Gann

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

7. Birth date of deceased Feb. (Month) 8 (Day) 1871 (Year)

8. AGE: Years 73 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Jacob A. Craft
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Melinda McKinley
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Delia Harrison
(b) Address Thomasville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/44 (Month) (Day) (Year)
(c) Place: burial or cremation Thomasville Cem.

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) 8/20 1944 (Date received local registrar) (b) Henry M. Williams (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1944 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Leo Carr (M. D. or other) 3
Address Thayer Mo. Date signed 7/5-44

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.