

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9254**

FILED MAR 16 1945
Registration District No. **46**

Primary Registration District No. **4063**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **Caldwell**
(b) City or town **Hamilton**
(c) Name of hospital or institution:
Elms Hotel, Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 Days**
(Specify whether years, months or days) **---**

3. (a) PRINT FULL NAME **Richard Gant**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **Unknown**

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

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **July 27 1873**
(Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **1** If less than one day **hr. min.**

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

10. Usual occupation **Laborer**

11. Industry or business **Coal Mine**

12. Name **Julias Gant**

18. Birthplace **Unknown North Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Emily Frances Glasecock**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Sam Gant**

(b) Address **Gallatin, Missouri**

17. (a) **Burial** (b) Date thereof **1-30-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery**
18. (a) Signature of funeral director **Hope Funeral Home**
(b) Address **Gallatin, Missouri**
19. (a) **Feb 12 45** (b) **Covienne Garrett**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**
(c) City or town **Gallatin**
(If outside city or town limits, write "RURAL")
(d) Street No. **---** (If rural, give location)
(e) If foreign born, how long in U. S. A. **---** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **28**
year **1945** hour **3** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Jan 9 1945**
to **Jan 9 1945**
that I last saw him alive on **Jan 9 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Chronic myocarditis	?
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **H. P. Robler** (M. D. or other) **DO**
Address **Hamilton Mo** Date signed **Feb 6 1945**

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

Rev. 5-17-39 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.

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.....

L. O. Fisherson
.....
Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.