

Registration District No. 55 Primary Registration District No. 3011

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town Carrollton  
(c) Name of hospital or institution:  
501 N. Ely  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 501 N. Ely  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME XENIA ELLEN GANT  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Samuel Gant 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Apr 10 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 3 21 hr. min.

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

10. Usual occupation At Home  
11. Industry or business \_\_\_\_\_  
12. Name Wylie Cooper  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Schuffield  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Gant  
(b) Address Carrollton Mo  
17. (a) Burial (b) Date thereof 8-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cem Standley Gibson

18. (a) Signature of funeral director Stanley Gibson  
(b) Address Carrollton Mo  
19. (a) 8/2/47 (b) Tomie Herbert Calvert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 31  
year 1947 hour 3 minute 00 A M.  
21. I hereby certify that I attended the deceased from June 1  
1945 to July 31, 1947,  
that I last saw her alive on July 30, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency  
Due to old age +  
hard work  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 0210  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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, or public place? U  
(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature R. Hamilton Stator (M. D.)  
Address Carrollton, Mo Date signed Aug 2 1947

Duration 5 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**RECEIVED**

District Health Officer No. 8

District File Number .....

Date Filed 8-27-47

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**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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.**