

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 12 1947
Registration District No. 100

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3041

State File No. 38869
Registrar's No. 253

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

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samaritan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Oscar Mason Gaunt
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____

4. Sex: m | 5. Color or race: w
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Zelma Gaunt
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: Jan 28 - 1879
(Month) (Day) (Year)

8. AGE: Years: 68 | Months: 9 | Days: 8 | If less than one day: _____ hr. _____ min.

9. Birthplace: Macon Co. Mo.
10. Usual occupation: Retired Farmer

11. Industry or business:
12. Name: Robert H. Gaunt
13. Birthplace: Va.
14. Maiden name: Emma Banta
15. Birthplace: Va.

16. (a) Informant: Walter H. Gaunt
(b) Address: St. Louis, Mo.
17. (a) Burial (b) Date thereof: 11-8-47
(c) Place: burial or cremation: College Mound Cem
18. (a) Signature of funeral director: Stephens & Gooding
(b) Address: Macon, Mo.
19. (a) 12/3/47 (b) Faith McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Macon
(c) City or town: Rural
(d) Street No.: Macon R4D.0
(e) Citizen of foreign country? (Yes or No) _____
If yes, name country: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Nov day: 5
year: 1947 hour: 11 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Dec 48 to Nov 5 1947
that I last saw him alive on Nov 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Duration: 4 hrs
Other conditions: Myocarditis with aneurysm, regurgitation
(Include pregnancy within 3 months of death)

PHYSICIAN: _____
Major findings: _____
Of operations: _____
Of autopsy: 934

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? _____
(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: Howard Smith (M. D. or _____)
Address: Macon Date signed: 11/13/47

RECEIVED
District Health Officer No. 10
District File Number 12-47-172
Date Filed DEC 10 1947

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.