

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22339
Do not use this space.

JUL 17 1939

1. PLACE OF DEATH

(a) County Jay Registration District No. 408
 (b) Township Carthage Primary Registration District No. 3020 Registered No. 115
 (c) City Carthage (d) Street No. McCune - Brooks Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1309 N. Main St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Grant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1866
 7. AGE YEARS 73 MONTHS 4 DAYS 10 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) Dallas (STATE OR COUNTRY) Texas
 FATHER 13. NAME William Jennie Grant
 14. BIRTHPLACE (CITY OR TOWN) Franklin (STATE OR COUNTRY) Kentucky
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) W. J. Grant, Jr.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Palmer Cemetery DATE June 19, 1939
 19. FUNERAL DIRECTOR (NAME) Robert M. Ostery (ADDRESS) Carthage, Mo.
 20. FILED June 19, 1939 E. G. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to June 17, 1939
 I last saw him alive on June 17, 1939 Death is said to have occurred on the date stated above, at 6:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Organic Heart Disease
Myocardial insufficiency
 Date of onset 1931
 Other contributory causes of importance:
Arterio-sclerosis
Chronic interstitial nephritis
 Name of operation none Date of
 What test confirmed diagnosis? Lab Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Lloyd B. Clayton M. D.
 (Address) Carthage, Mo.

N. B.—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.

1 X11693

RECEIVED

District Health Officer No. 6,

District File Number 739-1476

Date Filed JUL 13 1939

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 J. W. K. [Signature]

Licensed Embalmer No. 814

P. O. Address Carthage 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.