DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6756

Registration District No. 347 Primary Registration District No. 5501 A Registrar's No.

**1. PLACE OF DEATH:**

(a) County Henry

(b) City, or town Rural Leesville Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(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) 28yrs 531 539

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Henry

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

(d) Street No. 0 14 Sec C of Clinton Mo (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

**3. (a) PRINT FULL NAME** Grant Underwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 9 (Day) 1867 (Year)

**8. AGE:** Years 72 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name George Underwood

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

14. Maiden name Farmer

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

16. (a) Informant's own signature Harry Bailey

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 13 40 (Month) (Day) (Year)

(c) Place: burial or cremation Parks Chapel

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) 2-19-40 (Date received local registrar) (b) Dr. J. R Hampton (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Feb day 12 year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from July, 1939, to ~~Feb~~ 2-12, 1940; that I last saw h~~im~~ alive on 2-11, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Sclerosis and Edema | 6-15-39 |
| Due to: | |
| Due to: 9 14 12 | |
| 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? 3 12 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R Hampton (M. D. or other) M.D.

Address Clinton Mo Date signed 1-13-40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39

RECEIVED
District Health Officer No. 7,
District File Number 3-40-384
Date Filed 3-6-40

**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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.**