S. No. 2
—11-10-39
5-17-39
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FILED JUN 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18500

State File No.

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

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

1. PLACE OF DEATH:

(a) County GRUNDY

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

(c) Name of hospital or institution:
305 DEBOLT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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.

3. (a) PRINT FULL NAME FREDRICK H[redacted] GRANTHAM 653

3. (b) If veteran, name war ———

3. (c) Social Security No. 495-01-1685

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Edith May Grantham

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 4 (Day) 1875 (Year)

8. AGE: Years 65 Months 9 Days 16 If less than one day ___ hr. ___ min.

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

10. Usual occupation Salesman

11. Industry or business Brown Factory

FATHER
12. Name Henry Grantham
13. Birthplace Decatur (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Laura Davidson
15. Birthplace Decatur (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Edith May Grantham
(b) Address Trenton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove, Trenton, Mo.

18. (a) Signature of funeral director Raymond A Davis
(b) Address Trenton Mo

19. (a) 5-18-40 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1940 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from about to 1 year 19__; that I last saw h__ alive on about May 15 or 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis (arterio sclerosis)	1 year
~~Due to~~ Chronic myocarditis	1 year
~~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? 300 (Specify type of place)
While at work? (e) Means of injury

23. Signature E. A. Duffy (M. D.)
Address Trenton Mo. Date signed May 20-1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 640-919
Date Filed JUN 12 1940

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 Robert B. Davis, Registered Apprentice No. 212 working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Ohio

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.