

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35405

State File No. _____

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

1. PLACE OF DEATH: **GRUNDY**
(a) County GRUNDY
(b) City or town TRENTON
(c) Name of hospital or institution: 816 - WEST 17th
(d) Length of stay: In hospital or institution 19 years
In this community 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GRUNDY
(c) City or town TRENTON
(d) Street No. 816 West 17th St
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME DORRIS JEANNE GRANT
(b) If veteran, name war _____ (c) Social Security No. None
4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB 28 1921

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEPT day 15th year 1940 hour 7 minute 0 M.
21. I hereby certify that I attended the deceased from Jany 1940 to Sept 15 1940
that I last saw her alive on Sept 15 40 and that death occurred on the date and hour stated above.

8. AGE: Years 19 Months 6 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death acute pericarditis
nephritis
Due to diabetes mellitus
8-15-40 Sunday
Other conditions (Include pregnancy within 3 months of death) 54

9. Birthplace TRENTON MISSOURI
10. Usual occupation STUDENT
11. Industry or business SCHOOL
12. Name Horatio F. Grant
13. Birthplace GALT MISSOURI
14. Maiden name MESSE FERN ATTENBURY
15. Birthplace GRUNDY COUNTY MO

Major findings: ✓
Of operations ✓
Of autopsy ✓
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Horatio F. Grant
(b) Address Trenton, Mo
17. (a) Burial (b) Date thereof 9-17-40
(c) Place: burial or cremation Home grave
18. (a) Signature of funeral director Raymond G. Harris
(b) Address Trenton, Mo
19. (a) 9-17-40 (b) J. D. Fair

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? 3rd
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature R. G. Harris (M. D. of State) _____
Address Trenton Mo Date signed 9/16/40

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.

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

Raymond A Davis

Licensed Embalmer No. *3424*

P. O. Address *Trenton, 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.