

JAN 10 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

19
7
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 909 N. Jackson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Caroline Alma Grall
 3. (b) If veteran, name war ---
 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bert Grall
 6. (c) Age of husband or wife if alive 1884 years
 7. Birth date of deceased July 12, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 19
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name Johnson

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

14. Maiden name Mary Elizabeth Newman

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

16. (a) Informant A. M. Grall

(b) Address Joplin, Mo.

17. (a) Removal (b) Date thereof 1-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutchison, Kan.

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 1-2-41 (b) Ed Sparr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 909 N. Jackson
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st
 year 1940 hour 1:50 minute PM M.

21. I hereby certify that I attended the deceased from November 10, 1938 to Dec 31, 1940
 that I last saw her alive on Dec 30, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer
of the terminal
quadrant
of the
liver and gastro
intestines
 Other conditions Primary carcinoma 2 yrs
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations none
 Of autopsy _____
 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) NO
 (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? NO

23. Signature Ed Sparr (Specify type of injury) _____
(M. D. or other)
 Address _____ Date signed _____

41-1-63

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..... *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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, fact should be so stated above.