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23159

FILED FEB 14 1941

Registration District No. 30

Primary Registration District No. 3003

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Scott Street 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Granville Clark Pilant

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-07-6584

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie May Pilant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 16, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Jackson County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Frisco Ry. Co.

MOTHER FATHER

12. Name James Henry Pilant

13. Birthplace Leavenworth Co., Kans.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Richardson

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

16. (a) Informant Mrs. G. C. Pilant

(b) Address 701 Scott, Monett, Mo.

17. (a) Burial (b) Date thereof 1-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. C. O. F. Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett, Mo.

19. (a) 1-6-1941 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th year 1941 hour 5 minute 6 M.

21. I hereby certify that I attended the deceased from Dec 30th 1940 to Jan 4th 1941 that I last saw him alive on Jan 4th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Flu
King disease

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

31 _____ (Specify type of place)
While at work? _____ (b) Means of injury _____

23. Signature W. M. West (M. D. or other) _____
Address Monett, Mo Date signed 1/5/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No: 6,

District File Number: 421-278

Date Filed: FEB 11 1941

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

J. D. Buchanan
working under my personal supervision.

Registered Apprentice No.

Signed

J. D. Buchanan
Licensed Embalmer No. 3149

P. O. Address

Mount Ma.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.