

Registration District No. 384

Primary Registration District No. 4227

Registrar's No.

1. PLACE OF DEATH:

(a) County Newell
(b) City or town West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cottage Hosp. 150
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community 30 yrs
years, months or days)

3. (a) PRINT FULL NAME Albert Tullon Grant

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Ruby V. Grant 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 2-29-1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name W.D. Grant

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

14. Maiden name Harriet J. Hayes

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

16. (a) Informant Joe Kider

(b) Address Homona, Mo Rt 1

17. (a) B (b) Date thereof 1-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerport, Mo

18. (a) Signature of funeral director Robert

(b) Address West Plains, Mo

19. (a) 1-20-40 (b) Vida W. Simons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newell
(c) City or town West Plains, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 2
(If rural, give location) 8
(e) If foreign born, how long in U. S. A. 8 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 1 day 16
year 41 hour 12 minute 29 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1941, to Jan 16, 1941;
that I last saw him alive on Jan 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute appendicitis
Acute General Peritonitis

Duration
1-9-41
1-9-41

Due to 121

Due to 121

Other conditions (Include pregnancy within 3 months of death)

Major findings: Appendectomy - 1-10-41
Of operations gangrenous appendicitis +
Of autopsy general peritonitis

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature W. C. Bohrer (M. D. or other)
Address West Plains, Mo Date signed 1-20-41

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

46
1
1

RECEIVED

District Health Officer No. 5,

District File Number. 241136

Date Filed _____

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. Roberts

Licensed Embalmer No. 3430

P. O. Address West Plains 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.