

MAR 19 1941

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Perrin's Col. Co.
(b) City or town Paris, Mo.
(c) Name of hospital or institution: 1. Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 10 (Specify whether years, months or days) Ten Months
In this community Ten Months

8. (a) PRINT FULL NAME Granville M. Stout

8. (b) If veteran, name war no 8. (c) Social Security No. none

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

6. (b) Name of husband or wife Ann Stout 6. (c) Age of husband or wife if alive unknown

7. Birth date of deceased Donald Know
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Greenfield Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Levy Stout

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

14. Maiden name Ann Roy

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

16. (a) Informant R. W. Stout

(b) Address _____

17. (a) Removal (b) Date thereof 2-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Tenn.

18. (a) Signature of funeral director H. S. Smith
(b) Address Cantonville

19. (a) 2-21-41 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jennett
(c) City or town Hazlett, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1941 hour 7:30 minute a M.

21. I hereby certify that I attended the deceased from Feb. 1, 1941, to Feb. 21, 1941, that I last saw him alive on Feb. 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Central apoplexy

Due to _____
Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations arteriosclerosis
Generalized
Of autopsy _____

Duration _____
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 Asst. Dir. (M. D. or other) _____
Address Hazlett, Mo. Date signed 2-24-41

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

3-4615

MAY 27 1954

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.....

Licensed Embalmer No.....

P. O. Address.....

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.