

Registration District No. 604

Primary Registration District No. 5902

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town: Rural New Madrid, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution MO
In this community About 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles South of New Madrid
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BOSSIE GRANT

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

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

6. (b) Name of husband or wife Bettie Grant 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Dec 20 - 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 11 If less than one day, hr. min.

9. Birthplace Wink (City, town, or county) Miss (State or foreign country)

10. Usual occupation Farming

11. Industry or business NO

12. Name Oren Grant

18. Birthplace Wink (City, town, or county) Virginia (State or foreign country)

14. Maiden name Annisley Moore

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

16. (a) Informant Bettie Grant

(b) Address New Madrid Mo.

17. (a) Burial (b) Date thereof March 5 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandhill

18. (a) Signature of funeral director Richards and Co.

(b) Address New Madrid Mo.

19. (a) 3/27/41 (b) Wm O'Banion
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1941 hour 4:00 minute AM

21. I hereby certify that I attended the deceased from 2/28 1941 to 2/28 1941;
that I last saw him alive on 2/28/41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
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? 533
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Mohr (M. D. or other) MO
Address Sikeston Mo Date signed _____

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

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

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 *Leo H. Haggerty*
Licensed Embalmer No. *3803*
P. O. Address *New Madrid, 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.