

No. 2
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-17-39
X 1242

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31839

State File No.

D OCT 13 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 531

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:
St. Johns' Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 21 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Sarcoxie 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 18
year 1943 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from
9-11-43 19... to 9-18-43 19...
that I last saw her alive on 9-18-43 19...
and that death occurred on the date and hour stated above.

Immediate cause of death
Infectious
Due to Infect

Duration
100

Other conditions
(Include pregnancy within 3 months of death)
119a

Major findings:
Of operations
Of autopsy
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 9/20-43

23. Signature [Signature] (M. D. or other)
Address Joplin Mo Date signed 10/12/43

3. (a) PRINT FULL NAME Toni Jeanne Grady

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August 27, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
--- --- 21 hr. min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation ---

11. Industry or business ---

12. Name William E. Grady
13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Esther Vincent
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. E. Grady
(b) Address Sarcoxie Missouri
17. (a) Burial (b) Date thereof 9/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Bark Cemetery, Carthage, Mo

18. (a) Signature of funeral director Roland C. Engelage
(b) Address Sarcoxie, Missouri

19. (a) 9-20-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

43-9-809

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Roland Engelage

~~Licensed Embalmer No.~~

Funeral Director

P. O. Address

Sarcope, 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.