

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 6

FILED FEB 16 1944

Registration District No. 241 Primary Registration District No. 4360

72  
6  
0

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

1. PLACE OF DEATH: NEW MADRID  
 (a) County: Portageville  
 (b) City or town: PORTAGEVILLE, MO.  
 (c) Name of hospital or institution: HOME 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 2.5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: New Madrid  
 (c) City or town: Portageville, Mo.  
 (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: \_\_\_\_\_

3. (a) PRINT FULL NAME: WILLIAM CULLEN GREMARD  
 3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 31  
 year 1944 hour 10 minute 10 AM

4. Sex: MALE 5. Color or race: WHITE  
 6. (a) Single, widowed, married, divorced: 1  
 6. (b) Name of husband or wife: IDA MAE GREMARD  
 6. (c) Age of husband or wife if alive: 67 years  
 7. Birth date of deceased: DEC 30 1872  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 31, 1944 until Jan. 31, 1944 that I last saw him alive on barely alive and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 1 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Sudden or instant heart failure

9. Birthplace: NEW MADRID MO.  
 (City, town, or county) (State or foreign country)

Due to: Angine Pectoris

10. Usual occupation: FARMING

Due to: Arterio-sclerosis

11. Industry or business: \_\_\_\_\_

Other conditions: Renal incapacity  
 (Include pregnancy within 3 months of death)

MOTHER FATHER {  
 12. Name: LOUIS GREMARD  
 13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)  
 14. Maiden name: MARTHA DOWNING  
 15. Birthplace: PEMISCOT MO. (City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: NO  
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs Ida Mae Gremard  
 (b) Address: Portageville, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof: 2-2-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence: \_\_\_\_\_

(c) Place: burial or cremation: Portageville, Missouri

(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? \_\_\_\_\_

18. (a) Signature of funeral director: [Signature]  
 (b) Address: Portageville, Mo.

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

19. (a) 2-2-1944 (b) [Signature]  
 (Date received local registrar) (Date of death)

23. Signature: A. A. Reeder (M. D. or other) \_\_\_\_\_  
 Address: Portageville, Mo. Date signed: 2-1-44

FEB 24 1944

RECEIVED

District Health Office No. 2,

District File Number 244-326

Date Filed 2-12-44

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.....

*Noel C. Dean*

Licensed Embalmer No. 3941

P. O. Address.....

*Portageville, 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.