

Registration District No. 168

Primary Registration District No. 5611

Registrar's No. _____

1. PLACE OF DEATH:

(a) County POAST OAK JURY
(b) City or town Johnson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leeton Rfd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 37 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Leeton R.F.D
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leland G. Grainger

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Louise Grainger 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased oct. 6 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name George Marr Grainger
13. Birthplace Johnson Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Lou Ayers
15. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George M. Grainger

(b) Address Chilhowee Mo.

17. (a) Burial (b) Date thereof 2-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo

19. (a) 2-10-44 (b) RAB. Danige
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec-43
19____ to 2-9-44 19____;
that I last saw her alive on 2-1-44 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to the Nephritis Duration within death

Due to arteriosclerosis 4 yrs -

Other conditions (Include pregnancy within 3 months of death) 131 f

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) (a) Means of injury _____

23. Signature R. M. [Signature] (M. D. or other) MD
Address Warrensburg, Missouri Date signed 2-9-44

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..... *Earl Priest*

Licensed Embalmer No. 3878.....

P. O. Address..... Warrensburg, 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.