

FILED JUL 7 1944
Registration District No. _____

Primary Registration District No. 5310-

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Lamine Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. ---
In this community --- all of life.
years, months or days

3. (a) PRINT FULL NAME William Cleve Grapes.

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

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

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

7. Birth date of deceased March 2 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 21 hr. min.

9. Birthplace Blackwater, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation ---

11. Industry or business ---

12. Name Victor Grapes. 0

13. Birthplace Howard County, Missouri. 0
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Marie Schirlis

15. Birthplace Cooper County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Grapes. 0

(b) Address Blackwater, Mo.

17. (a) Burial (b) Date thereof June 24 "44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Lamine Cem.

18. (c) Signature of funeral director Goodman T. Bollet

(b) Address Boonville, Mo.

19. (a) June 23-44 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Blackwater, Rural. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Lamine Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23.
year 1944 hour 6 minute 17 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Smothered in Bed with its mother

Due to accidental

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) accident 027

(b) Date of occurrence June 23-1944

(c) Where did injury occur? at Blackwater R-1
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(Specify type of place) While at work? sleeping (e) Means of injury Smothered

23. Signature J. R. Smith 3 (M.D. or other) Coroner

Address 913-7th St. Boonville Date signed June 23

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

27
0
0

MOTHER FATHER

1088

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-6-44

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 _____

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address _____

Boonville, 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.