

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 28 1945
Registration District No. 270

Primary Registration District No. 0910

Registrar's No. 99

1. PLACE OF DEATH:
 (a) County Missouri
 (b) City or town Emisicot sup Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Emisicot 78
 (c) City or town Rural
(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 Jessie B. Gruberry
 3. (b) If veteran, name war no 3. (c) Social Security No. none
 4. Sex Male 5. Color of Colored race black
 (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 13th 1940
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 5th
 year 1945 hour 3 minute 30 P.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.

8. AGE: Years 5 Months 7 Days 22 If less than one day _____ hr. _____ min.
 9. Birthplace Emisicot County MO
(City, town, or county) (State or foreign country)
 10. Usual occupation Child

Immediate cause of death Burned to death while in their home the home was completely destroyed by fire
 Due to _____
 Due to Their home Burned down
 Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Q B. Gruberry
 13. Birthplace Brisco Arkansas
(City, town, or county) (State or foreign country)
 14. Maiden name Josephine Mal Gruberry
 15. Birthplace Arkansas
(City, town, or county) (State or foreign country)
 16. (a) Informant Q B. Gruberry
 (b) Address Stule, Mo Rt #2
 17. (a) Burial (b) Date thereof 12-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Holly Grove Cem Stule, Mo
 18. (a) Signature of funeral director J. A. Herma
 (b) Address Stule, Mo Box 121
 19. (a) 12-21-45 (b) Jessie B. Gruberry
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 185
 Of autopsy no
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 78
 (b) Date of occurrence 12-5-45
 (c) Where did injury occur? Stule Rural Emisicot Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? none
 While at work no (Specify type of place) Means of injury Burned
 23. Signature Jessie B. Gruberry (M.D. or other)
 Address Stule, Mo Date signed 12-6-45

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

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

75
27-45

1488

11-45-233

DEC 29 1945

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.

W. J. Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.