

FILED MAY 8 1946

Registration District No. 65

Primary Registration District No. 4113

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Brunswick  
(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 Chariton 21  
(c) City or town Brunswick  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GRANVILLE HAYES

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

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased February 4th. 1850  
(Month) (Day) (Year)

8. AGE: Years 96 Months 1 Days 20 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer  
Day work

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

12. Name Dont Know  
13. Birthplace Dont Know 4  
(State or foreign country)  
14. Maiden name Dont Know  
15. Birthplace Dont Know 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Hayes  
(b) Address Brunswick, Missouri.

17. (a) Burial (b) Date thereof 3-25-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brunswick, Missouri.

18. (c) Signature of funeral director L. W. Weisell  
(b) Address Brunswick, Missouri.

19. (a) April 4, 1946 (b) Mildred Boone  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th.  
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 10  
1946 to March 10 1946  
that I last saw him alive on March 10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular-Renal  
Due to Senility & Arteriosclerosis

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) \_\_\_\_\_  
(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 2  
23. Signature J. Lester D.D. (M. D. or other) 3/25/46  
Address Brunswick Date signed 4/10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11449

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-7-46.....

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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 L. M. Weissel.....

Licensed Embalmer No. 823.....

P. O. Address Brunswick, Md......

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.