

FILED NOV 11 1946 STANDARD CERTIFICATE OF DEATH

32946

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 357

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town "
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
632 Bellevue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in either
(Specify whether)

In this community 10 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girard.

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 632 Bellevue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Millwood Justice Grugan

3. (b) If veteran, name war World War #1

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced marrie

6. (b) Name of husband or wife Septa Grugan 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December 11, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>10</u>	<u>12</u>	hr. _____ min.

9. Birthplace Philadelphia Penn. /
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Fletcher Grugan

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Anna Simpson

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Septa Grugan
(b) Address 632 Bellevue

17. (a) Burial (b) Date thereof Oct. 22, '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 10-26-46 (b) C. S. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1946 hour 3 minute 15 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 Coronary Thrombosis
Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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 Dr. J. H. Ligonius (Physician)
Address Jackson Mo. Date signed 10/25/46

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

31774

RECEIVED

District Health Officer No. 4
District File Number 1046-2810
Date Filed 10-28-46

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.....

Licensed Embalmer No. 3840

P. O. Address Cape Girardeau, 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.