

No. 2
12-45
17-39
X47070

FILED JAN 9 1947

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1057

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1918 Meridith
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 60 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State Greene (b) County 29

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 16

(d) Street No. 1918 Meridith St.
(If rural, give location) 7

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Silas Jefferson Grantham

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, 2 divorced widower

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 9 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 00 20 hr. min.

9. Birthplace Christian Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Fruit Grower Retired

11. Industry or business _____

12. Name John W. Grantham

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Faust

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant T. H. Grantham

(b) Address 1918 Meridith

17. (a) Burial (b) Date thereof 12-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cemetery

18. (a) Signature of funeral director J. W. Klingner & co.

(b) Address Springfield Mo.

19. (a) 12-31-46 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 29
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-25-1946 to 12-29-1946
that I last saw him alive on Dec. 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia

Duration 4 days

Due to _____

Due to _____

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

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)

(e) Means of injury 0

23. Signature G. E. Zeller (M. D. or other) _____

Address Springfield Mo. Date signed 12/29/46

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

MOTHER FATHER

830

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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..... *Ogle Stone Jr.*
Licensed Embalmer No. *4176*
P. O. Address *Springfield*

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.