

FILED DEC 23 1946

State File No. \_\_\_\_\_

Registration District No. 273

Primary Registration District No. 6115

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Morley R#1, Reklam  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home - Mrs. McMullen  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott 100  
(c) City or town Rural - near McMullen  
(If outside city or town limits, write "RURAL")  
(d) Street No. Morley R#1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JASPER ERNEST GRANT

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

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jessie  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Aug 26 1892  
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Scott Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Jasper Grant  
13. Birthplace Ark 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Hinkle  
15. Birthplace Scott Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Grant  
(b) Address Sikeston MO

17. (a) Burial (b) Date thereof 12-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Burdean MO

18. (a) Signature of funeral director Wesley Furber Home  
(b) Address Sikeston MO

19. (a) 12-11-46 (b) Mrs O. F. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 1946 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 9 1946 to Dec 9 1946  
that I last saw him alive on 9-Dec 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Due to myocardial damage

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 O

23. Signature J. A. Furgonator (M. D. \_\_\_\_\_)  
Address Sikeston, MO Date signed 10-Dec-46

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

MAR 3 1947

RECEIVED

Public Health Office No. 2,

District File Number 1246-1458

Date Filed 12-16-46

**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 Raymond Crews

Licensed Embalmer No. 3267

P. O. Address Sikeston 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.**