

S. No. 2
M-8-43
5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43777

State File No.

FILED APR 9 1947

Registration District No.

Primary Registration District No. 2236

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cedar

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

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

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

In this community Most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Benton Township
(If rural, give location)

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

If yes, name country XXXXXX 0

3. (a) PRINT FULL NAME LIZZIE ANNETTA GRAINGER

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1946 hour minute M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Frank Grainger

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

7. Birth date of deceased March 4, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12.12.1946 to 12.12.1946
that I last saw her alive on 12.22.46, 19.....
and that death occurred on the date and hour stated above.

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

70 9 18 XX hr. XX min.

Immediate cause of death Coronary Occlusion 2 du.

9. Birthplace Rubens Kansas
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 94A

10. Usual occupation Housewife

11. Industry or business XXXXXX

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name ? Brown

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

14. Maiden name Carrie Susan Taylor

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

16. (a) Informant F. Reed Grainger

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 12-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hall Cenetery

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?

18. (a) Signature of funeral director CHURCH AND NEALE:

(b) Address Stockton, Missouri

19. (a) 254-47 (b) Mrs. Velma Ellis
(Date received local registrar) (Registrar's signature)

23. Signature Wm. P. Richter (M.D. or other)

Address Stockton Mo Date signed 2-21-47

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

RECEIVED
District Health Officer No. 7,
3-47-423
District File Number
4-1-47
Date Filed

JUN 1 1957

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 Melvin Church

Licensed Embalmer No. 3212

P. O. Address Stockton me

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.