

No. 2
8-43
5-17-39
137823

FILED MAR 6 1947

State File No.

Registration District No. 214

Primary Registration District No. 5782

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME DELILA ANN GROSVENOR

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced W-2

(b) Name of husband or wife: George Grosvenor 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Oct-22-1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace: Marion County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Farming

12. Name: Harvey K. Palmer

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

14. Maiden name: Mary Lawson

15. Birthplace: Marion County, MO
(City, town, or county) (State or foreign country)

16. (a) Informant: Raymond Grosvenor

(b) Address: Dixon, Mo. R3

17. (a) Burial (b) Date thereof: 2-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Leman Cemetery

18. (a) Signature of funeral director: W. C. Casey

(b) Address: Dixon, Mo.

19. (a) 2-27-1947 (b) John S. Schaeferman
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller 66

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

(d) Street No. Dixon, Mo. R# 30
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 1947 hour 12 minute 30 9 M.

21. I hereby certify that I attended the deceased from Jan 21 1947 to Feb 14 1947
that I last saw her alive on Feb 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobular pneumonia Duration 10 days

Due to _____

Due to _____

Other conditions: Fracture of neck of femur 2 mo.
(Include pregnancy, within 3 months of death)

Major findings: Of operations: _____
Of autopsy: _____
ADDITIONAL PHYSICIAN REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ 6/3

(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? _____

23. Signature: Douglas J. Sato (M. D. or other) D.D.
While at work? _____ (Specify type of place) (e) Means of injury _____

Address: Dixon, Mo. Date signed: 2/17/47

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

MOTHER FATHER

194

Date Filed 3/5/27
District File Number.....

District Health Officer No. 9,
RECEIVED

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 *E. L. Casey*

Licensed Embalmer No. 2694

P. O. Address *Kenia 7110*

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.

5497

State File No. March

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller
(b) City or town in rural
(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

3. (a) PRINT FULL NAME

Delila Grosvenor

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased (Month) (Day) (Year)

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

74 3 Mo

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 15 1947
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: _____ Of operations _____

PHYSICIAN _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fall in home

(b) Date of occurrence Jan 2-1947

(c) Where did injury occur? in home Miller Co., Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home

While at work? no (Specify type of place) (e) Means of injury fall while walking

23. Signature Dorley Gates (M. D. or other) D.O.

Address Dixon, Mo Date signed 3/12/47

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

SUPPLEMENTARY

S-5497