V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

Registration District No. 2228

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21719

Primary Registration District No. 5823

Registrar's No. 220

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural
(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 25 years
years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Thomas Grant
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erna Beck Grant
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Oct. (Month) 22 (Day) 1867 (Year)

8. AGE: Years 79 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name A. X. A. M. Grant
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Moody
15. Birthplace Virginia
(City, town, or county) (State or foreign country)
16. (a) Informant Curtis Grant
(b) Address New Madrid Rt. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sandhill
18. (a) Signature of funeral director Richards and Co.
(b) Address New Madrid Mo.
19. (a) 6-23-47 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1947 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from 5/17/47, 19__, to 6/7/47, 19__;
that I last saw him alive on 6/7/47, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
(Of operations) 5/B

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.
Address New Madrid, Mo. Date signed 6/24/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 647-894
Date Filed 6-26-47

**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 Allen McFadden Registered Apprentice No. 512, working under my personal supervision.

Signed Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.**