

FILED AUG 25 1947

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of Hospital or Institution Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

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

(d) Street No. 5 mi south of Glasgow
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Harvey Grady

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1947 hour 12 minute 15 P.M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Ollic M. Grady

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

7. Birth date of deceased: Jan 5 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 9, 1947 to August 6, 1947 that I last saw him alive on August 6, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 7 Days 1 If less than one day hr. _____ min. _____

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

Immediate cause of death: Arteriosclerosis generalized senility

Duration unknown

10. Usual occupation Farmer (retired)

11. Industry or business Farming

12. Name Leonard Grady

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

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy g.

14. Maiden name Martha Ann Liggett

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

16. (a) Informant Mr. Harry Grady

(b) Address Glasgow Mo.

17. (a) Burial (b) Date thereof Aug 8 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Glasgow Mo.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Audubon - Selimouth

(b) Address Glasgow Mo.

19. (a) 8-5-47 (b) Donathy, John
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Francis J. ... (M: D. or other) M.P.
Address Lee Hosp. Fayette, Mo Date signed 8-8-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-24-47

SEP 13 1947

FEB 25 1948

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. W. Trueman

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.