

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE REGISTERS
FILED OCT 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35143

State File No. _____
Registrar's No. 36

Registration District No. 247 Primary Registration District No. 5839

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town Rural
(c) Name of hospital or institution:
Rt. # 2 Granby, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Granby, Mo. Rt. # 2 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth Liss Charlton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 14 year 1947 hour 11 minute 05 P. M.
21. I hereby certify that I attended the deceased from May 1947 to Oct. 14, 1947 that I last saw her alive on Oct. 14, 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife B.F. Charlton 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 7 1887
(Month) (Day) (Year)

Immediate cause of death Cardiac decompensation
Due to rephritis 4 mo
Due to Chronic Bronchitis 10, x
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
60 5 7 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name H.C. Grimes
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ellen McColgen
15. Birthplace Granby, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant B.F. Charlton
(b) Address Granby, Mo. Rt. # 2

17. (a) Burial (b) Date thereof 10-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Granby Cemetery

18. (a) Signature of funeral director Bigham Mortuary
(b) Address 300 E. Spring St. Neosho, Mo.

19. (a) 10-16-47 (b) M. S. Young
(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? Granby, Mo. Newton Mo
(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 L. E. Polans (M. D. or other) _____
Address Granby Mo Date signed 10-16-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. *Newton*
District File Number *1047-198*
Date Filed *10-20-47*

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *B. J. White*
Licensed Embalmer No. *4240*
P. O. Address *Neosho, 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.