

REC'D JUN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18583

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 406
(b) Township Burlingrove Primary Registration District No. 5560
(c) City Burgles (d) Street No. _____ Registered No. 13
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clement L. GRANNON 655
(a) Residence, No. K.C. Mo. St. KANSAS CITY, MO
(Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF MARGARET GRANNON
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1897

7. AGE YEARS 41 MONTHS 2 DAYS 0
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

BARBER

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTGOMERY, IND.13. NAME JOHN GRANNON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA15. MAIDEN NAME CATHERINE McGUIRE16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA17. INFORMANT (ADDRESS) MRS MARY McQUADE
PITTSBURG, KANS.

18. BURIAL, CREMATION, OR REMOVAL

PLACE PITTSBURGH KANS. DATE May 2nd 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) FRANK - SIEVERS
Joplin Mo20. FILED May 3, 1938 W. J. Conroy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him in bed April 28, 1938. Death is said to have occurred on the date stated above, at 12:30 AM 4/28/38

The principal cause of death and related causes of importance were as follows:

Drowned by falling
fall submerged in
10 inch deep
Creek running under
Other contributory causes of importance:
Fracture of left
temporal parietal
out of box car - K. C. & N. R.

Date of onset

Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide accident Date of injury 4/28/38Where did injury occur? Joplin, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell out of box carNature of injury Drowned Fracture skull24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. J. Conroy, Coroner, M. D.(Address) Joplin, Mo

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,

David Dillon

....., or by

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

Signed.....

David Dillon

Licensed Embalmer No.....

9898

P. O. Address.....

305 W 4th St

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.)

Joplin

If this body is not embalmed, above space should be left blank.