

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

32962
 Do not use this space.

REC'D OCT 25 1938

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 653
 (b) Township Cowcord Primary Registration District No. 5865 Registered No. 98
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Arthur Grant

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) defunct

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF defunct

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, '38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ✓ hrs. or min. ✓

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. defunct
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 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) Cowcord, mo

FATHER 13. NAME Murrell Louis Grant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pemiscot co. 1 mo

MOTHER 15. MAIDEN NAME Mary Elizabeth Ballard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eds Tenn.

17. INFORMANT (ADDRESS) Father of defunct.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Bys Cemetery DATE 9-27, 1938

19. FUNERAL DIRECTOR (ADDRESS) Friend Freighthorn

20. FILED 9-27, 1938 W. K. Rhodes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1938, to Sept. 26, 1938

I last saw him Sept. 26, 1938 Death is said to have occurred on the date stated above, at m.

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

Still birth prematurity Date of onset

Other contributory causes of importance: ✓

Name of operation Date of
 What test confirmed diagnosis? 878 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Asst. Dir. M. D.
 (Address) Washing, mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)