

1939 JAN 14

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

42463
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 80
(b) Township Tremont Primary Registration District No. 3720 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(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

(a) Residence, No. 614 Edith Nadine Grable St. [] (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 20 - 1921</u>		
7. AGE	YEARS <u>17</u>	MONTHS <u>5-</u>
	DAYS <u>5-</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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. <u>School girl</u>	
	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) <u>Agency Mo</u>		
FATHER	13. NAME <u>J. S. Grable</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co.</u>	
MOTHER	15. MAIDEN NAME <u>Bessie Lyons</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co</u>	
17. INFORMANT <u>Bessie Grable</u> (ADDRESS) <u>Agency Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Agency Mo</u> DATE <u>Dec. 26, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>H. A. Sullivan</u> (ADDRESS) <u>Gower Mo</u>		
20. FILED <u>Dec. 16, 1938</u> <u>Mr. Luc Powell</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25th 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 25th 1938 to _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. 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:
Injuries received when the car in which they were riding turned over
Other contributory causes of importance: none
Name of operation _____ Date of _____
What test confirmed diagnosis? History Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/25 1938
Where did injury occur? Buchanan County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Car turned over
Nature of injury Fractured skull
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signature) B. W. Tadlock Coroner M. D. (Address) King Hill Bldg Buchanan Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

H. A. Sullivan, or by

Registered Apprentice No., working under my personal supervision.

Signed H. A. Sullivan

Licensed Embalmer No. 1738

P. O. Address Home 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.)

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