

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

6830
Do not use this space.

1. PLACE OF DEATH **DECEASED MAR 20 1939**

(a) County Jasper Registration District No. 411
 (b) Township Salina Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. Freeman Hospital 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 Stephen Rex Granger
 (a) Residence, No. 2620 Joplin St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn - - - -
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Joplin, Mo.

FATHER 13. NAME Hubert Granger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rocky Comfort, Mo.

MOTHER 15. MAIDEN NAME Harnett Duffield
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond, Mo.

17. INFORMANT (ADDRESS) Hubert Granger
2620 Joplin St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Feb. 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill Dillan
Joplin, Mo.

20. FILED 2-28-39 Ed D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-39

22. I HEREBY CERTIFY, That I attended deceased from 2-26-39 to 2-26-39
 I last saw him alive on stillborn, 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:

stillborn
French diphtheria
strangulated cord
cause of death
 Date of onset 2-26-1939

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) Ed D. Jones, M. D.

(Address) Joplin, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-603

Date Filed MAR 10 1939

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,

Don Tetrick

, or by

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

Signed

Don Tetrick

Licensed Embalmer No. 4008

P. O. Address

Joplin, 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, above space should be left blank.