

AUG 14 1939

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

25625

Do not use this space.

1. PLACE OF DEATH **GREENE** Registration District No. **316**  
 (a) County .....  
 (b) Township ..... Primary Registration District No. **2001**  
 (c) City or **SPRINGFIELD** (d) Street No. **1038 S. Douglas** Registered No. **563**  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.  
 2. PRINT FULL NAME **Maggie M. Grant**  
 (a) Residence, No. **1038 S. Douglas** St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rev. S. R. Grant**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct-31-1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**56 5 8 13**

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. **Domestic**  
 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) **Springfield Mo.**

13. NAME **James Canefax**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Amanda Hagley**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Springfield Mo.**

17. INFORMANT (ADDRESS) **Mrs. Wynne Thomas 1038 S. Douglas**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lincoln Mem. Ch. July 18 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **H. V. ... 712 ...**

20. FILED **July 18 1939** **Charles George** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July - 14 1939**

22. I HEREBY CERTIFY, that I attended deceased from **May 26 1929**, to **July 14 1939**

I last saw him alive on **July 14 1939** Death is said

to have occurred on the date stated above, at **11:30 a.m.**

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

**Extremely high blood pressure and severe weather heat**

Other contributory causes of importance: **102**

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) **W. S. ...**, M. D.

(Address) **Springfield, 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, or by.....

*Herbert V Smith*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Herbert V Smith*

Licensed Embalmer No. *3324*

P. O. Address *702 - N - Jefferson*

**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.**

X