

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 15 1940

Registration District No. 562

Primary Registration District No. 4331

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Boonia

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 630

3. (a) PRINT FULL NAME SARAH ISABELLE GRADY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race white

6. (a) Single, widow, married, divorced widowed

(b) Name of husband or wife Alce Grady

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 19 1878  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>11</u>	<u>25</u>	hr. _____ min.

9. Birthplace Boonia Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Thompson

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Resard

15. Birthplace Crawford Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Grady

(b) Address Boonia Mo

17. (a) Burial (b) Date thereof Jan 15 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonia Cemetery

18. (a) Signature of funeral director G. H. Bacey

(b) Address Boonia Mo

19. (a) Feb 8 1940 (b) W. W. Don  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1940 hour 11 minute 15 P.

21. I hereby certify that I attended the deceased from Nov 13  
\_\_\_\_\_, 1940, to Jan 13, 1940  
that I last saw her alive on Jan 13, 1940  
and that death occurred on the date and hour stated above

Immediate cause of death Cancer of bladder

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature G. W. D... (M. D. or other) \_\_\_\_\_

Address Boonia Mo Date signed 1-14-40

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  
Miller County Health Dep't  
County File Number 12-40  
Date Filed 2-12-40

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.....  
Laron Adams....., Registered Apprentice No. 211  
working under my personal supervision.

Signed..... C. L. Basey.....  
Licensed Embalmer No. 2694  
P. O. Address Berea, 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.