

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11391
Registrar's No. 80

Registration District No. 408 Primary Registration District No. 5562

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution:
Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7
(Specify whether ✓)
In this community 58 years
years, months or days 1 P M

3. (a) PRINT FULL NAME CHARLOTTE GRUDDY
3. (b) If veteran, name war NO
3. (c) Social Security No. None

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John M. Gruddy
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August 25 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 2
If less than one day hr. min.

9. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business
12. Name Jess Bennett
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. S. Gruddy
(b) Address R. 4 Carthage

17. (a) Burial (b) Date thereof Mar 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Baptist Cemetery

18. (a) Signature of funeral director J. W. Knull
(b) Address Carthage Mo

19. (a) Mar 28 1940 (b) E. J. McIntire, D.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. R T 47
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27
year 1940 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from Aug 1, 1934, to March 27, 1940,
that I last saw her alive on March 15, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus
Hemoplegia
arterio sclerosis
Other conditions Gangrene of toes
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 9418
Of operations: _____
Of autopsy: _____
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? No

23. Signature R. H. Webster (Specify type of place) (a) Means of injury _____
Address Carthage Date signed Mar 28 1940

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

Ad 10 - 116 H

Date Filed

APR 15 1940

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.....

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

working under my personal supervision.

Signed.....

Emma R. Stinell

Licensed Embalmer No.

391

P. O. Address.....

Carthage

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.