

No. 2  
1-10-39  
-17-39  
X21492

RECEIVED MAY 13 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16323

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

Registration District No. 849 Primary Registration District No. 61143 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Sullivan  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: Country  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Most of life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Sullivan  
(c) City or town Rural  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James Grandstaff  
8. (b) If veteran,  name war \_\_\_\_\_  
8. (c) Social Security No. 1653

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 8  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Grandstaff  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

7. Birth date of deceased August 7 1857  
(Month) (Day) (Year)

Immediate cause of death Natural causes but unknown.

8. AGE: Years 82 Months 8 Days 1  
If less than one day ✓ hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 6 months of death) no physician

9. Birthplace Harrison Co., Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business Farm  
12. Name William Grandstaff  
13. Birthplace Impossible to obtain  
14. Maiden name Don't know  
15. Birthplace Don't know

Major findings: no physician  
Of operations \_\_\_\_\_  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant A. M. Grandstaff  
(b) Address Green City, Mo.  
17. (a) Burial (b) Date thereof Apr. 9, 1940  
(c) Place: burial or cremation Burgess Cemetery  
18. (a) Signature of funeral director Glenn E. Hunt  
(b) Address Green City, Mo.  
19. (a) May 1-40 (b) Virginia Gibbs  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 771  
While at work? \_\_\_\_\_  
23. Signature J. C. Roberts (M. D. or other) 11/11/1940  
Address P. Pollock, Mo. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 5-40-989

Date Filed MAY 9 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

not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

Glenn E. Kent

Licensed Embalmer No. 1769

P. O. Address Green City, 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.