

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16406

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

Registration District No. 903

Primary Registration District No. 4545

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

1. PLACE OF DEATH:

(a) County North  
(b) City or town Grant city, mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years years, months or days

3. (a) PRINT FULL NAME

JOSEPH HENRY SON

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

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

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Anna A. Son

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

7. Birth date of deceased Jan (Month)

6 (Day) 1861 (Year)

8. AGE:

Years

Months

Days

If less than one day

79

3

20

hr.

min.

9. Birthplace Verdaller (City, town, or county)

mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name James M. Son  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name James  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clisie Mercer

(b) Address Grant city, mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Grant city, mo.

18. (a) Signature of funeral director A.C. Dumble

(b) Address Grant city, mo.

19. (a) April 27, 1940 (Date received local registrar) (b) Clifford Hase (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County North  
(c) City or town Grant city (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 Apr day 27 year 1940 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 1 - 40 April 27, 1940 to April 27, 1940 that I last saw him alive on April 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic intermittent nephritis Duration 1938

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations

Of autopsy no

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 Clifford Hase (M. D. or other) 1

Address Grant city, mo Date signed 4-27-40

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

Signed

*Arch C. Dangle*

Licensed Embalmer No. *3252*

P. O. Address

*Grant 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.**