

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29208

State File No. 37
Registrar's No. 20

Registration District No. 614

Primary Registration District No. 4555

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Granby, Mo.
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Granby, Mo.
(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 Aug day 30
year 1940 hour 7:30 P. minute 5:30 P. M.
21. I hereby certify that I attended the deceased from July
17, 1940 to Aug 30, 1940
that I last saw him alive on Aug 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Septic Tension
Cerebral Hemorrhage

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
gjk

Major findings:
Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____
23. Signature L E Rebus (M. D. or other) _____
Address Granby Mo Date signed 8-31-40

3. (a) PRINT FULL NAME Andrew Basil Mesplay 214
8. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hettie Elizabeth Mesplay 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased March 17 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 13 -- hr. -- min.

9. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Mine

MOTHER FATHER { 12. Name William Mesplay
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Johnson
15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ronald Mesplay
(b) Address Granby, Mo. Route 1

17. (a) Burial (b) Date thereof 9 / 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Granby cemetery

18. (a) Signature of funeral director Horine-Culver
(b) Address Cassville, Mo. 5111

19. (a) Aug 31 40 (b) Rebus
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 940-2623

Date Filed SEP 16 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.....

J. C. Canada

Registered Apprentice No. 225

working under my personal supervision.

Signed *J. C. Canada*

Licensed Embalmer No. 3584

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.