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

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3964

Registration District No. 127 Primary Registration District No. 4433. Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls.

(b) City or town Perry, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Perry, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls. 87

(c) City or town Perry, Missouri 9
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 9

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

3. (a) PRINT FULL NAME Grace Underwood.

3. (b) If veteran, name war

8. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife C.S. Underwood.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December, 30, 1895 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	0	26	hr. min.

9. Birthplace Welch, (City, town, or county) Oklahoma. (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

MOTHER FATHER

12. Name Wm Laymon Marker.

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

14. Maiden name Laura Craig.

15. Birthplace Welch, (City, town, or county) Oklahoma. (State or foreign country)

16. (a) Informant C. S. Underwood

(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery

18. (a) Signature of funeral director Clyde C Wilkay

(b) Address Perry, Missouri

19. (a) 1/28/41 (Date received local registrar) (b) Clyde C Wilkay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 26th, year 1941 hour 10: minute 30 A M.

21. I hereby certify that I attended the deceased from 3rd Jan., 1941, to 1-24, 1941; that I last saw her alive on 1-24-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Acute Myocarditis	Duration
Due to		
Due to	1920	
Other conditions (Include pregnancy within 3 months of death)		

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 2

23. Signature E. T. Swan (M. D. or other) DO.

Address Perry, Mo Date signed 1/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-266
Date Filed FEB 8 1941

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 Ernest R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, Mo.

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

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