

FD MAR 11 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Dutton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three days
(Specify whether years, months or days)
In this community eleven years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Dutton
(If outside city or town limits, write "RURAL")
(d) Street No. 413 E 1st
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Grable

3. (b) If veteran, name war V 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Junieta Grable 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased. Nov 9 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 10 hr. min.

9. Birthplace Wichita Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation State Hospital employee

11. Industry or business _____

12. Name Amos Grable

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

14. Maiden name Catherine Grable

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

16. (a) Informant Mrs. William Grable

(b) Address 403 E 1st Dutton Mo

17. (a) burial (b) Date thereof Feb 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Geo H. Wallace

(b) Address Dutton Mo

19. (a) Feb 20 1941 (b) R. N. Crease
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19th
year 1941 hour 7 minute 00 p M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Feb 19, 1941; that I last saw him alive on Feb 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Cardiac Failure

Due to Arteriosclerosis

Due to _____

Other conditions Secondary Pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following: No
(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

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature George F. Wood (M. D. or other) _____

Address 7 A. East 5th St. Dutton Mo Date signed 2/20/41

Duration 2 weeks
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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: *Harold J. Christley*
Licensed Embalmer No. *40021*
P. O. Address *Dutton, 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, fact should be so stated above.