

FILED MAR 19 1941 8 20  
Registration District No. \_\_\_\_\_

Primary Registration District No. **2069**

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Perkins. *SAW*

(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 Life. years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Scott. *100*

(c) City or town Perkins. *0*  
(If outside city or town limits, write "RURAL") *0*

(d) Street No. \_\_\_\_\_ (If rural, give location) *0*

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

3. (a) PRINT FULL NAME WILLIAM La GRAND.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 28  
year 1941 hour 3 minute 8 A. M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Febr 20 41, 1941, to Febr 26th, 1941, that I last saw him alive on Febr 26th, 1941 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

Immediate cause of death CIRRHOSIS OF LIVER

6. (b) Name of husband or wife Winnie La Grand. 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased May 11th 1896  
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Dont Know. *9*  
(City, town, or county) (State or foreign country)

Other conditions MALARIA.  
(Include pregnancy within 3 months of death)

10. Usual occupation W.P.A. Worker.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Leo La Grand.

13. Birthplace Dont Know. *9*  
(City, town, or county) (State or foreign country)

14. Maiden name Paulinia Hubbard.

15. Birthplace Dont Know. *9*  
(City, town, or county) (State or foreign country)

16. (a) Informant Winnie La Grand. Wife.

(b) Address Perkins. Missouri.

17. (a) Burial. (b) Date thereof Mar. 2 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tillman Cemestry

18. (a) Signature of funeral director P. J. Bessner 100

(b) Address Oran Mo

19. (a) Mar - 10/41 (b) [Signature]  
(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? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7 30

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

23. Signature O. P. Reynolds (M. D. or other) *9*

Address Admcd Mo Date signed 3/24/41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 341-374

Date Filed 3/12/48

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**