

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15308

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

Registration District No. 614

Primary Registration District No. 4555

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:  
Church Street 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Granby 1  
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna Underwood

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14  
year 1941 hour 11 minute 20 M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased May 16, 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 2, 1941, to Apr 14, 1941:  
that I last saw her alive on Apr. 14, 1941:  
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 10 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Mitral Insufficiency 19.

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

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

Other conditions 92 P  
(Include pregnancy within 3 months of death)

9. Birthplace Lancaster, Schuyler, Mo. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name: Reuben Whitwell

{ 13. Birthplace Perry Co., Tennessee  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elvira M. Wells

{ 15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Anna Underwood

(b) Address Granby, Missouri

17. (a) Burial (b) Date thereof 4 17 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director J. J. ...

(b) Address Granby Mo.

19. (a) 4-15-41 (b) L. J. ... M.D.  
(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?  
5-44 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. E. Rolens (M. D. or other) 11

Address Granby Mo Date signed 5.15.41

RECEIVED

District Health Officer No. 6,

District File Number 541-823

Date Filed MAY 22 1944

---

---

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.....

James Putman....., Registered Apprentice No.....  
working under my personal supervision.

Signed James Putman.....

Licensed Embalmer No. 1917.....

P. O. Address Granby 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.