

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

State File No. 18023

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 136

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: Independence San O
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME MARY RAMONA GRANT Joe
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, or named
6. (b) Name of husband or wife Anna Joe
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased (Month) 19 (Day) 1904 (Year)

8. AGE: Years 36 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Bay Port, Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name Charles W. Grant
13. Birthplace Bay Point, Michigan (City, town, or county) (State or foreign country)
14. Maiden name Gertrude Cabours
15. Birthplace Akron Michigan (City, town, or county) (State or foreign country)

16. (a) Informant Anna Joe

(b) Address 200 W. Sea

17. (a) Burial, cremation, or removal (b) Date thereof 5/20/41 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion

18. (a) Signature of funeral director George E. Carson
(b) Address Independence Mo

19. (a) Date received local registrar May 20 1941 (b) Registrar's signature T. L. Cook M.D.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 200 W. Sea
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 17 day May year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to May 17, 1941, that I last saw her alive on May 17, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic abscess
Pneumonia and pleurisy
which were cumulative in nature
Due to Pelvic abscess drained May 17, 41
Under general support
recovered

Other conditions (Include pregnancy within 3 months of death)

Major findings: Pelvic abscess
Dissecting uterine
Of autopsy: uterine abscess
multiple tubercles abscess

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? While at work? Means of injury

23. Signature T. L. Cook (M. D. or other)

Address Independence Mo Date signed

abscess mesentery & multiple thick pus
accumulations in peritoneum

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

Raymond N. Martin

Licensed Embalmer No. *4150*

P. O. Address *Independence 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.