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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22448

State File No.

FILED JUL 15 1941

Registration District No. 101 Primary Registration District No. 5935 Registrar's No. 29

1. PLACE OF DEATH:

(a) County ~~Hickory~~ Polk

(b) City or town [illegible] Campbell

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

(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 Working in County

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar /

(If outside city or town limits, write "RURAL")

(d) Street No. Railroad Avenue /

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Otis Lawton Grant

3. (b) If veteran S.S. 491-61-5155 3. (c) Social Security

name war none No. none

4. Sex male ( ) 5. Color or race white 6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Ethel L. Grant 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Sept. 22, 1900 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	9	3	hr. min.

9. Birthplace Polk County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Line Foreman

11. Industry or business Public Utility

FATHER
12. Name William E. Grant
13. Birthplace Polk County (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Ora Rovenstine
15. Birthplace Whitley County (City, town, or county) / Ind. (State or foreign country)

16. (a) Informant Ethel L. Grant

(b) Address Bolivar, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director White-Erwin

(b) Address Bolivar, Missouri 630

19. (a) (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25

year 1941 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from

[illegible] 19 to 19

that I last saw h alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Electrocution while acting as lineman

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 7

Major findings:
Of operations 192 7

Of autopsy

Duration

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) 084

(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

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1187

Date Filed 7-14-41

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, Mo.

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

If this body is not embalmed, fact should be so stated above.