

7-2  
4-41  
7-39  
X2639

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(c) Name of hospital or institution: 931 N. John

(d) Length of stay: In hospital or institution Nursing Home 48 months

In this community 48 months

3. (a) PRINT FULL NAME: Grace Hisey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: H

6. (c) Age of husband or wife if alive, years

7. Birth date of deceased: Feb 19 1867

8. AGE:

| Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| 54    | 6      | 17   | hr. min.             |

9. Birthplace: Newton Co. MO

10. Usual occupation: Housework

11. Industry or business:

12. Name: no record

13. Birthplace: no record

14. Maiden name: no record

15. Birthplace: no record

16. (a) Informant: Mrs. Olive Duffey

(b) Address: 1308 W 20th

17. (a) Date thereof: Aug 8-1941

(c) Place: burial or cremation: 800 # Penn. Ave

18. (a) Signature of funeral director: Hamhill Dillon

(b) Address: 4th & ...

19. (a) 8-8-41 (b) W. E. James

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper

(c) City or town Jasper

(d) Street No. 931 N. John

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

If yes, name country

20. DATE OF DEATH: Month Aug day 8 year 1941 hour 1 minute 50 a.m.

21. I hereby certify that I attended the deceased from Aug 1 1940 to Aug 8 1941

that I last saw him alive on Aug 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Due to: Hypertension

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

Major findings: Of operations: Of autopsy:

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?

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

23. Signature: H. C. ... (M. D. or other)

Address: Jasper MO Date signed: 8-8-41

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

MOTHER FATHER

41-9-152  
82685

**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..... *Don Petrick* .....

Licensed Embalmer No. *4008*

P. O. Address..... *Joplin, 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.**