

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **391**

Primary Registration District No. **4230**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Iron**  
(b) City or town **Ironton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Mary's Hospital**  
(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 **Iron**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **One half mile east of Arcadia**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Marie Blanche Gratiot**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

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

7. Birth date of deceased **January 31 1870**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **7** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Washington Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **nurse**

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

12. Name **Theodore Gratiot**

13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Adelaide Bequette**

15. Birthplace **Washington Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Russell Tims**

(b) Address **Ironton Missouri**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **9/7/41**  
(Month) (Day) (Year)

(c) Place: burial or cremation **DeSoto Missouri**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Ironton Mo.**

19. (a) **Sept 6-41** (Date received local registrar) (b) **Julia A. Hunter** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **5**  
year **1941** hour **7** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **8-4**  
1941 to **9-5** 1941  
that I last saw her alive on **9-5** 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Unnatural**  
**Hypostatic**  
Due to **Cancer of Stomach**  
Due to \_\_\_\_\_

Other conditions **none**  
(Include pregnancy within 3 months of death)  
Major findings: **none**  
Of operations **none**  
Of autopsy **none**

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) \_\_\_\_\_  
(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 **Julia A. Hunter** (M. D. or other) **M.D.**  
Address **Ironton Mo.** Date signed **9-6-41**

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

**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 *Paul J. White*

Licensed Embalmer No. 3012

P. O. Address *Proctor Maine*

**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.**