

No. 2
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5-17-39
I X26330

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

State File No. 42253
Registrar's No. 88

FILED JAN 20 1942
Registration District No. 421

Primary Registration District No. 5575

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Boonville Joachim mo
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Rural Festus
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert F. Grant
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 25
year 1941 hour 3 minute 30 AM.
21. I hereby certify that I attended the deceased from June 3, 1938
_____ 19 _____ to December 23, 1941
that I last saw him alive on Dec. 23, 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased 12 5 1868
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____
Other conditions Hypertension, Syphilis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
73 0 20 hr. min.
9. Birthplace Lone Rock / Wisconsin
(City, town, or county) (State or foreign country)
10. Usual occupation Decorator

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 30g
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Albert H. Grant
13. Birthplace Lawrence / Mass.
(City, town, or county) (State or foreign country)
14. Maiden name Harriet F. Grant
15. Birthplace Lawrence / Mass.
(City, town, or county) (State or foreign country)
16. (a) Informant Ruth Grant
(b) Address Festus mo
17. (a) Burial (b) Date thereof 12/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Samuel Cemetery
18. (a) Signature of funeral director Fink Und. Co.
(b) Address Festus mo
19. (a) 12/27/41 (b) J. C. Rutledge
(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?
While at work? _____ (Specify type of place) (e) Means of injury 0
Signature Bertalan Beljan (M.D. or other) 12/30/41
Address Festus mo Date signed _____

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 Provice

Licensed Embalmer No. 3403

P. O. Address Jestus, Me

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.