

Registration District No.

Primary Registration District No. 9007

Registrar's No. 80

2
5
3

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff *City*

(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 2hr.
(Specify whether Life)

In this community Life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler *12*

(c) City or town Ellsinore
(If outside city or town limits, write "RURAL") *0*

(d) Street No. Route #1
(If rural, give location) *1*

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

If yes, name country _____

3. (a) PRINT FULL NAME Marion LeRoy Le Grande

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 19 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 12 _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Lemar Le Grande

13. Birthplace Butler County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Louise Trimble

15. Birthplace Butler County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter LeGrande

(b) Address Ellsinore, Missouri

17. (a) Burial (b) Date thereof 3-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walton Cemetery

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 3-5-42 (b) Belle Keene
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 8-3, 1942, to 3-3, 1942
that I last saw him im alive on 3-3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: 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) None

(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? None *(Specify type of place)*
(e) Means of injury

23. Signature Wm Keene (M. D. or other) 0

Address Poplar Bluff, Mo Date signed 3/5/42

RECEIVED
District Health Office No. 2,
District File Number 342-393
Date Filed 3-13-42

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 Wallace N. Fitch
Licensed Embalmer No. 3859
P. O. Address Poplar Bluff, 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.