V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6911

Registration District No. 408-410 Primary Registration District No. 5566 Registrar's No. 45

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural, Preston Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R # 1 Jasper Mo. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 61 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. R # 1, Jasper, Mo. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Laura Grace Gresham

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Jan (Month) 2 (Day) 1863 (Year)

8. AGE: Years 89 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Malvern (City, town, or county) Iowa (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER

12. Name Nathen Kearney

13. Birthplace Unknown (City, town, or county) Penn (State or foreign country)

14. Maiden name Margaret VanBuskirk

15. Birthplace Unknown (City, town, or county) Penn (State or foreign country)

16. (a) Informant Mrs Carl Dininger

(b) Address R # 1 Jasper Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Mch. 3, 1942 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from seen her only after death, to 19..; that I last saw her alive on in 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 C

Of autopsy

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 W. N. Knott (M. D. or other) 0

Address Jasper, Mo. Date signed 3-3-42

1203 (Licensed Embalmer's Statement on Reverse Side)

42.2-118

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 Emm R Kneel

Licensed Embalmer No. 391

P. O. Address Carthage

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.