

1. PLACE OF DEATH:
 (a) County Monroe
 (b) City or town Woodburn Mo
(If outside city or town limits, write "RURAL" and name of township)
 (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 1
(Specify whether)
 In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Monroe
 (c) City or town Woodburn
(If outside city or town limits, write "RURAL")
 (d) Street No. 1
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Samuel Allie LeGrand
 (b) If veteran, name war ✓
 (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 13
 year 1942 hour 1 minute 45 A. M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Mrs. Ellen Sanders
 (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Nov 22 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1917
 to Mar 1942
 that I last saw him alive on Dec 12 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 3 Days 20
 If less than one day hr. min.

Immediate cause of death: Chronic nephritis
 Due to 1318
 Due to

9. Birthplace Schuyler Co Mo
(City, town, or county) (State or foreign country)

Other conditions Enlarged prostate
(Include pregnancy within 3 months of death)
Retention of Urine

10. Usual occupation Farmer

Major findings: none
 Of operations
 Of autopsy no
 Underline the cause to which death should be charged statistically.

11. Industry or business Farming
 12. Name William Robert LeGrand
 13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lena Jane Couch
 15. Birthplace Woodburn Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lyle R. LeGrand
 (b) Address Woodburn Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?

17. (a) burial (b) Date thereof 3-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gak Grove

While at work? ✓ (Specify type of place)
 (c) Means of injury 0

18. (a) Signature of funeral director Lena Thompson
 (b) Address Madison Mo
 19. (a) 3/13-42 (b) St. Hedberg
(Date received local registrar) (Registrar's signature)

23. Signature J. A. Hyatt (M. D. or other)
 Address Madison Mo Date signed 3-14-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-13-727

Date Filed APR 13 1942

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 Mrs. Ruth Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, N.J.

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.