

FILED MAY 21 1942

Registration District No. 142

Primary Registration District No. 4463

Registrar's No. 9

1. PLACE OF DEATH: St. Francois

(a) County St. Francois

(b) City or town ELVINS MO TOWNSHIP  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME George Alton De Grant

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased JUNE 26 1892  
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Francois Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation MINER

11. Industry or business Lead Mines

MOTHER FATHER { 12. Name John W. De Grant

13. Birthplace St Francois Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name ELLEN CUNDIFF

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

16. (a) Informant J W De Grant

(b) Address FLAT RIVER MO

17. (a) APRIL (b) Date thereof 4 13 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Don Run MO

18. (a) Signature of funeral director JAS DIEMER

(b) Address FLAT RIVER MO

19. (a) 4-13-42 (b) Byrdes Buhamester  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

(c) City or town Colosno  
(If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 10-42  
\_\_\_\_\_ 19\_\_\_\_, to April 11 \_\_\_\_\_ 1944

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera myolachitis  
Cholera of Fever

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 C. H. Ashberry (M. D. or other) M.D.  
Address Flat River MO Date signed 4/13/42

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

34  
3  
1

8

RECEIVED

District Health Officer No. 4  
Registered Embalmer Number 542-596  
Date Rec'd 5-13-42

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.....

Leonard John Vargo, Registered Apprentice No. 311  
working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bound Brook, 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, above space should be left blank.