

FILED JUN 12 1942
Registration District No. 1475

Primary Registration District No. 5792

Registrar's No. 23

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town RURAL (MOREAU) Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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) LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN

(c) City or town RURAL (MOREAU)
(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 LAURA JEANNETTE GRANT

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

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

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

7. Birth date of deceased Nov. 3 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14
- year 1942 hour..... minute 4:30 P.M.

21. I hereby certify that I attended the deceased from July 19-1940
May 14 1942 to May 14 1942
that I last saw her alive on Jan 15 1942
and that death occurred on the date and hour stated above.

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

53 6 11 hr. min.

Immediate cause of death Carcinoma of colon

Due to Carcinoma of uterus

Other conditions (include pregnancy within 3 months of death).....

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

10. Usual occupation AT HOME

Major findings: Of operations.....
Of autopsy.....

PHYSICIAN H. B. G.

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name THOMAS W. GRANT

13. Birthplace MORGAN Mo.
(City, town, or county) (State or foreign country)

14. Maiden name MARY E. KILE

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

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. G. Gunn (M. D. M. H.)
Address Versailles Mo Date signed 5-16-42

16. (a) Informant M. Grant

(b) Address Versailles Mo. Rt. #1

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

(c) Place: burial or cremation HOPEWELL CEMT

18. (a) Signature of funeral director W. T. Turner

(b) Address Versailles Mo

19. (a) May 15-1942 (b) Ray Berhateressen
(Date of local registrar) (Registrar's signature)

1029

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

71
0
0

RECEIVED

District Health Officer No. 7

District File Number 6-42-654

Date Filed 6-11-42

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

H. T. Kimmel

Licensed Embalmer No.

1596

P. O. Address

Parisville, N.H.

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.