

FILED AUG 13 1942

Registration District No. 611

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24868

State File No.

Primary Registration District No. 5813

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County NEWTON
 (b) City or town RURAL BUFFALO
 (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 4 MONTHS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County 999
 (c) City or town Decatur
 (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 2

3. (a) PRINT FULL NAME PATRICA KATHLENE GRAINGER

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased JANUARY 30 1938
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>5</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace decatur illinois
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name Meryle Grainger

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

14. Maiden name Clara Dargoe

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

16. (a) Informant Mrs Clara Grainger

(b) Address Soneca, Mo.

17. (a) Burial (b) Date thereof 7 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cemetery

18. (a) Signature of funeral director W. H. Suggard

(b) Address Soneca, Mo.

19. (a) 7/26/42 (b) Theodore L. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10,
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1st
1942 to June 29 1942
that I last saw her alive on June 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia 3 yr.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 74a

Major findings: Of operations _____

Of autopsy _____

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: John B. Roberts (M. D. or other) D.O.

Address: P.O. Box 294, Soneca, Mo. Date signed 7-13-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1109

RECEIVED

District Health Officer No. 6,

District File Number 842-1225

Date Filed AUG 12 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 James Weldon Buggard
Licensed Embalmer No. 421510
P. O. Address Seneca, 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.