

FILED SEP 15 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 4089

1. PLACE OF DEATH:

(a) County Carter  
(b) City or town Grandin  
(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

Luna Mae Channel

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex

F. 1

5. Color or  
race w

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased

July 22, 1940  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

2

27

hr. min.

9. Birthplace

Grandin, Mo  
(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Albie Channel

13. Birthplace

Oklahoma  
(City, town, or county) (State or foreign country)

14. Maiden name

Marie Dorothy Bellings

15. Birthplace

Parrot, Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant

Albie Channel

(b) Address

Grandin, Mo

17. (a)

McDonnell  
(Burial, cremation, or removal)

(b) Date thereof Aug - 19 - 42  
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

W. H. Channel

(b) Address

Grandin, Mo

19. (a)

Aug 19  
(Date received local registrar)

(b) 42 - Mrs. A. J. Smith  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter  
(c) City or town Grandin  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17, 1942  
year 1942 hour 5:30 PM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death

Drowned by falling  
in Cystern pit  
Due to \_\_\_\_\_

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

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

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

Duration

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) fall in Cystern  
(b) Date of occurrence August 17, 1942  
(c) Where did injury occur? Grandin, Carter, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature

W. H. Channel (M. D. or other)  
Address Grandin, Mo Date signed 8-17-42

RECEIVED

District Health

Officer No. 5

District File Number

Date Filed

942884

9-14-42

### 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.