

Registration District No. 320

Primary Registration District No. 6081

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

1. PLACE OF DEATH:

(a) County: St. Genevieve Co.

(b) City or town: Farmington R<sup>3</sup> Union Twp  
(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: Six years hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Genevieve Co.

(c) City or town: Farmington R<sup>3</sup>  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) No  
If yes, name country. ....

3. (a) PRINT FULL NAME: Charles Grant

3. (b) If veteran, name war. .... No. ....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 43 hour 1 minute ..... M.

21. I hereby certify that I attended the deceased from Dec 11 1942 to Jan 28 1943  
that I last saw him alive on Jan 27 1943  
and that death occurred on the date and hour stated above.

4. Sex: male

5. Color or race: W

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

6. (b) Name of husband or wife: Elise Stewart Grant

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: March 2 1876  
(Month) (Day) (Year)

Immediate cause of death: Chronic myeloid leukemia

Duration: .....

Due to: .....

Other conditions: .....  
(Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 10 Days 27 If less than one day hr. .... min. ....

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

10. Usual occupation: Farmer

11. Industry or business: .....

12. Name: Frank Grant

13. Birthplace: North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name: Marie Bertrise Grant

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

Major findings: 93d

Of operations: .....

Of autopsy: .....

PHYSICIAN: .....  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Marie Grant

(b) Address: Farmington R<sup>3</sup>

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

(c) Place: burial or cremation: Parents Mo

18. (a) Signature of funeral director: .....

(b) Address: Farmington Mo

19. (a) Feb 6 43 (b) Wm Joseph Garrison  
(Date received local registrar) (Registrar's signature)

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)..... Means of injury:.....

23. Signature: R. Appleby (M. D. or other) .....  
Address: Farmington Mo Date signed: 1-31-43

850

RECEIVED

District Health Officer No. ~~243~~ 4

District File Number 243-1795

Date Filed 2-15-43

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.....

*me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *4084*

P. O. Address..... *Farmington*

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.