

178
S. No. 2
DM-5-42
5-17-39
X32873

14784

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 6 1943
Registration District No. 707

Primary Registration District No. 2040

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Dwight
(b) City or town Lehlicock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lehlicock Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs
(Specify whether
In this community Dife years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dwight
(c) City or town Lehlicock
(If outside city or town limits, write "RURAL")
(d) Street No. 916 Elm St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME James J. Grogan Jr.

3. (b) If veteran, name war — 3. (c) Social Security No. 0

4. Sex Male 5. Color or race White 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 May - 2 - 1943
(Month) (Day) (Year)

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

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

10. Usual occupation —

11. Industry or business —

12. Name James J. Grogan

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

14. Maiden name Pauline Gray

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

16. (a) Informant James Grogan

(b) Address 916 Elm St

17. (a) Burial (b) Date thereof 5-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling & Laur

18. (a) Signature of funeral director James D. Gordon

(b) Address Lehlicock Mo

19. (a) May 2 (b) h.o. E. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1943 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 20, 1943 to May 2, 1943
that I last saw him alive on May 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth, 6 months gestation

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 159

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 J. P. ... (M. D. or other)
Address Lehlicock Mo Date signed 5/3/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

No Embalming

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

James D Gordon

Licensed Embalmer No. *1876*

P. O. Address *Chillicothe, 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.