

Registration District No. 247

Primary Registration District No. 4366

Registrar's No. 17

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Granby
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Granby, Mo.
(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 _____

3. (a) PRINT FULL NAME Mattie J. Bullard
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 3 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Montgomery
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Perry
15. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucinda Breedlove

(b) Address Granby, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21 43
(Month) (Day) (Year)

(c) Place: burial or cremation Granby, Missouri

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Mo.

19. (a) April 1943 (Date received local registrar) (b) Ruby Norwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20
year 1943 hour 3.30 minute A. M.
21. I hereby certify that I attended the deceased from Mar 18
1943 to Mar 20 1943
that I last saw her alive on Mar 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Decompensation

Due to Paralysis R. side

Due to _____

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

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 Ruby Norwood (M. D. or other)
Address Granby, Mo. Date signed 4-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Date Received
File no. 543-90

MAY 5 1943

MAY 18 1943

MAY 22 1943

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 *Edmond Bennett*

Licensed Embalmer No. 4213

P. O. Address. Casville 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.