

ED JUL 7 1948
Registration District No. **565**

Primary Registration District No. **6240**

Registrar's No. **17**

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Palmer Harmony
(c) Name of hospital or institution: 1
(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 Grania Halbert
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 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 Oct 12 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Gartha Sanders
13. Birthplace Bradford Co Mo Oka
(City, town, or county) (State or foreign country)
14. Maiden name Janie Mc Muller
15. Birthplace Bradford Co. Mo Oka
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Grania Halbert
(b) Address Palmer Mo

17. (a) Burial (b) Date thereof April 16 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Palmer Mo

18. (a) Signature of funeral director Ed Sparks
(b) Address Palmer Mo

19. (a) June 30 1948 (b) Ella White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **115**
(a) State Mo (b) County Wash
(c) City or town Palmer
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1948 hour 12 minute AM
21. I hereby certify that I attended the deceased from July, 1942 to APR, 1948;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to following
Due to High Blood Pressure
Other conditions of several years
(Include pregnancy within 3 months of death)
Major findings: standing
Of operations _____
Of autopsy gta

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) _____
(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) _____
23. Signature E. J. Stewart (M.D. or other) _____
Address Palmer Mo Date signed 7/19/48

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

Rev. 5-17-39 I X1931

RECEIVED

District Health Officer No. 4
District File Number 743-23
Date Filed 7-6-43

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Eward Sparks

..... Licensed Embalmer No. 4787

..... P. O. Address Flat River
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, above space should be left blank.