

FILED AUG 11 1943

Registration District No. 157

Primary Registration District No. 5582

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Santhosa E. Jackson Imp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jasper County Almshouse 5  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 month  
(Specify whether  
 In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2311 West 4th Street  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ben I. Grant

3. (b) If veteran, name war \*\*\* 3. (c) Social Security No. \*\*\*

4. Sex Male 5. Color or race W 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 September 4, 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Cement Contractor

11. Industry or business \_\_\_\_\_

12. Name John Grant

13. Birthplace Scotland  
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Waller Jellin  
 (b) Address 40 E. 31 St. Kansas City MO.

17. (a) Burial (b) Date thereof July 10, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlout Und. Co.  
 (b) Address Joplin, Mo.

19. (a) July 10 '43 (b) E. Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
 year 1943 hour 4 minute 2 M.

21. I hereby certify that I attended the deceased from June 24 1943 to July 8 1943  
 and that I last saw him live on July 3 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Myocarditis

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

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

Major findings: Chronic

Of operations 1312

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) \_\_\_\_\_

(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 P. A. Webster (M. D. or other) July 11 1943  
 Address Carthage Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

43-7-65-0

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**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..... *Ray K. Hurlbert* .....

Licensed Embalmer No. *959* .....

P. O. Address *Japan 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.**