

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FD No. 13 1943
Registration District No.

Primary Registration District No. 3006

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hours
In this community 56 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. /

3. (a) PRINT FULL NAME JAMES DORSEY GRANT

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Grant 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 6 - 20 - 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Elijah Grant

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gentry

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Grant
(b) Address Route 3, Columbia, Mo.

17. (a) Burial (b) Date thereof 10-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Carroll Funeral Service
(b) Address Columbia, Mo.

19. (a) 10-25-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1943 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from 15 - 1943 to Oct. 23 - 1943
that I last saw him alive on Oct. 23 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Myocardial Infarction
Duration Several Months

Due to.....

Due to.....

Other conditions. 1318
(Include pregnancy within 3 months of death)

Major findings: none

Of operations. none

Of autopsy. none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence. None

(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? None (Specify type of place) (e) Means of injury

23. Signature Edna H. Barber (M. D. or other) M.D.
Address Columbia, Mo. Date signed 10-25-43

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

MOTHER FATHER

1230

MAY 21 1957

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.....

M. J. Phillips

Licensed Embalmer No. 3893

P. O. Address. Calumet

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.