

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

State File No. _____

FILED FEB 14 1944 20

Primary Registration District No. 5444

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Wentz
(b) City or town Albany - Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County 57 Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

MISSOURI
State _____ (b) County Harrison
(c) City or town Albany
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carroll Grant

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

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 _____

7. Birth date of deceased May 25 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 7 15 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Edgar F. Grant

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

14. Maiden name Nettie Becka

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

16. (a) Informant Merrill Grant

(b) Address Wentz Michigan

17. (a) Burial (b) Date thereof Jan 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway Cemetery

18. (a) Signature of funeral director John E. Wheeler

(b) Address Southway MO

19. (a) Jan 14 - 1944 (b) James F. Webster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Jan 9 1944 to Jan 10 1944

that I last saw him alive on Jan 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Over dose of insulin

Due to Diabetis

Due to insulin shock

Other conditions _____
(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 J. M. Borge (M. D. or other) _____
Address Albany Date signed Jan 10 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1108

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.....

Joe E. Wheeler

Licensed Embalmer No. *3812*

P. O. Address..... *Bethany 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.