S. No. 2
DM—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

Registration District No. 9

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21445

Primary Registration District No. 5343

Registrar's No.

1. PLACE OF DEATH:
(a) County DADE
(b) City or town ARCOLA north twp
(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 years, months or days)
In this community 53 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DADE 29
(c) City or town ARCOLA 0
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME LULA C. GRIDER
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 MARRIED
6. (b) Name of husband or wife ARTHUR GRIDER
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased JULY (Month) 8 (Day) 1877 (Year)

8. AGE: Years 66 Months 10 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace HAWKINS Co. (City, town, or county) TENNESSEE (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
FATHER
12. Name JESSE COURTNEY
13. Birthplace TENNESSEE (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SARAH E. ROBINSON
15. Birthplace TENNESSEE (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Arthur Grider
(b) Address Arcola, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation VAUGHN CEMETERY
18. (a) Signature of funeral director Marl Funeral Home
(b) Address Trenton Mo.
19. (a) 5-25-44 (Date received local registrar) (b) Kyle Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20 year 1944 hour 10 minute 05 P.M.
21. I hereby certify that I attended the deceased from June 1. '42, 19..., to May 20, 1944 that I last saw her alive on May 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. O. Cowan (M. D. ~~or other~~)
Address Trenton Mo Date signed 5-23-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 744-750
Date Filed JUL 8 1944

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 Sam E. Sensenney Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.