

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 256

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town 703 W. 3rd, Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community 3 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 703 West 3rd. 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 0

3. (a) PRINT FULL NAME Theresa Mary Le Grand

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Antone Le Grand

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 6 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 6 16 hr. min.

9. Birthplace New Hamburg, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Antone Klipfel 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Schlosser

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Iva Clara Russel

(b) Address 703 W 3rd, Sedalia, Mo.

17. (a) BURIAL (b) Date thereof 7-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oran, Mo.

18. (a) Signature of funeral director Mc Laughlin Bros.

(b) Address Sedalia, Mo.

19. (a) 7-24-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd.
year 1944 hour 1:45 AM minute _____ M.

21. I hereby certify that I attended the deceased from over 2 years—
19 42 no. July 22, 19 44

that I last saw h. alive on July 22, 19 44,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Chronic Myocarditis

Due to Age -

Due to Arteriosclerosis -

Other conditions None -
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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) No

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. B. Calise M.D. (M. D. or other)

Address Sedalia Mo. Date signed 7-22-44

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4-4-14

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 L. F. Larkes

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.