

FILED AUG 18 1944

Registration District No. 247

Primary Registration District No. 4366

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Granby  
(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)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton <sup>73</sup>

(c) City or town Granby <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lulu Gertrude Grant

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1944 hour 6 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 7 1939, to July 26 1944; that I last saw her alive on July 26 1944 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Roy Grant

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Dec 13 1888  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion <sup>Duration 15 A.M. 4-5</sup>

Due to Diabetes mellitus <sup>5 yrs.</sup>

8. AGE: Years 55 Months 7 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: bl

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

10. Usual occupation Housewife

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Samuel A. Goode

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

14. Maiden name Caroline Nicholson

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

16. (a) Informant Kenneth Grant

(b) Address Mountain View Mo.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof July 29 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director Culvers

(b) Address Cassville Mo.

19. (a) Aug 10 - 44 (b) Lulu Howard Bay  
(Date received local registrar) (Registrar's signature)

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

23. Signature Charles O. Chester (M.D. or other) D.O.  
Address Granby, Mo. Date signed 7/29/44

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

73  
1  
0

RECEIVED AUG 14 1944

District Health Officer No. ....

District File Number 744-173 .....

Date Filed AUG 14 1944 .....

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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 J. E. Culver .....

Licensed Embalmer No. 3584 .....

P. O. Address Cassville 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.