

FILED OCT 9 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 391

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

1. PLACE OF DEATH: Pettis

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1519 S. Osage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

In this community 25 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Catherine Grandstaff

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, Widowed

6. (b) Name of husband or wife W. M. Grandstaff | 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: September 11 1868
(Month) (Day) (Year)

8. AGE: Years 75 | Months 11 | Days 20 | If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business Home

MOTHER FATHER { 12. Name John H. Gant

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

14. Maiden name Catherine Elliott

15. Birthplace No D
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. E. Ray

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Sept. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (c) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 9-2-44 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

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") 4

(d) Street No. 1519 S. Osage
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1944 hour 6:45 minute 10 M.

21. I hereby certify that I attended the deceased from Mar 4, 1944 to Sept 1, 1944
that I last saw her alive on Aug 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 5 mos

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430
Of autopsy.....
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?

While at work (Specify type of place) (c) Means of injury.....

23. Signature A. L. Walter (M. D. or other) M.D.
Address 124 W. 5 Sedalia Mo Date signed 9-2-44

RECEIVED

District Health Officer. No. 8.

District File Number

Date Filed

10-6-44

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. Parker

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.