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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1945

Registration District No. 139

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41296

Primary Registration District No. 5536

Registrar's No. 99

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

1. PLACE OF DEATH:

(a) County: Holt

(b) City or town: Oregon (Rural) Lewis Twp.
(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: Not
In this community: Passing through (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph, 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 2703 Edmond, Street. 7
(If rural, give location)

(e) Citizen of foreign country? Not (Yes or No)

If yes, name country: 1

3. (a) PRINT FULL NAME: Carl Conkling Grant

3. (b) If veteran, name war: No

3. (c) Social Security No. 372-05-0836

4. Sex: Male (U)

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Vesta Rhodes Grant

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

7. Birth date of deceased: August (Month) 19 (Day) 1889 (Year)

8. AGE: Years 55 | Months 3 | Days 20 | If less than one day: hr. min.

9. Birthplace: Horton (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation: Tire & Auto Supply

11. Industry or business:

FATHER
12. Name: Peter M. Grant
13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name: Laura Payne
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant: Vesta R. Grant
(b) Address: 2703 Edmond St., St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/9/1944 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Joseph, Missouri.

18. (a) Signature of funeral director: James R. Pettijohn
(b) Address: Oregon Mo.

19. (a) 12-10-44 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th. year 1944 hour 2/30 P.M. minute M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Chest crushed under auto he was driving.

Due to: Lost control on ice and turned car over.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: as above given

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): Accident 044

(b) Date of occurrence: Dec. 9, 1944

(c) Where did injury occur? Oregon (City or town) Holt (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Highway 275 near Oregon, Mo. (Specify type of place)

While at work? Driving Auto Means of injury: Holt Co.

23. Signature: D. Perry Coroner (M. D. or other) M. D.

Address: Mound City, Mo. Date signed: 12-10-1944

1185

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1948

DEC 11 1953

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 James H Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.