V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9909

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 141

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 909 Penn ave (If not in hospital or institution, write street number or location)

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

In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 909 Penn ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sherman Grant

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Hazel

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept (Month) 11 (Day) 1899 (Year)

8. AGE: Years 45 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Zinc and Lead Miner

FATHER
12. Name James A. Grant
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Watson
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant James Grant

(b) Address 909 Penn Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-24-45 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Harshill Dillon

(b) Address 4th & Wall Sts

19. (a) 3-23-45 (Date received local registrar) (b) Gertrude Sutthoffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1945 hour 10 minute a M.

21. I hereby certify that I attended the deceased from Dec 13, 1943, to Mar 22, 1945; that I last saw him alive on Mar 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Silico-tuberculosis

Duration several years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. L. Laney (M. D. or other)

Address Whiting Mo Date signed 3/23/45

12.0 7

(Licensed Embalmer's Statement on Reverse Side)

45-3-242

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 Cecil A Lanchill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.