

FILED APR 17 1945  
107

Registration District No. \_\_\_\_\_

Primary Registration District No. 3019

Registrar's No. 29

1. PLACE OF DEATH:

(a) County DeKalb  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dresnell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether \_\_\_\_\_)  
In this community Life time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb  
(c) City or town Kennett, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Monroe Grantham

3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillian Grantham 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased November 17 - 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bollinger Co - Mo - A  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER

12. Name Unknown  
13. Birthplace Unknown 9  
(City, town or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jan Grantham

(b) Address Kennett, Mo - Rt. 1

17. (a) Burial (b) Date thereof 3-18-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Paul Salmon

(b) Address Kennett - Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th  
year 1945 hour 2:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 1944 to 3-16 1945  
that I last saw him alive on 3-16 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertensive Crisis - vascular disease

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

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

Major findings: Of operations 93d  
Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_

23. Signature G. C. Wilson (M. D. or other \_\_\_\_\_)

Address Kennett, Mo Date signed 3-16-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office- No. 2,

District File Number 445-503

Date Filed 4/7/45

APR 20 1945

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 [Signature].....

Licensed Embalmer No. 2556-.....

P. O. Address Kennett, 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.**