

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14187
Do not use this space.

FILED MAY 11 1945

1. PLACE OF DEATH Wardell Mo

(a) County Little River Registration District No. 268
 (b) Township Wardell Mo Primary Registration District No. 4-376
 (c) City Wardell Mo (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Elizabeth Mary Gruy
Wardell Mo
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4 12 1945
 7. AGE YEARS MONTHS DAYS If LESS than 1 day _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Premature
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell Mo
 13. NAME Charley J Gruy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo
 15. MAIDEN NAME Hazel G Broadhacker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville
 17. INFORMANT Charley Gruy
 (ADDRESS) Wardell Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE 4 13 45
 19. FUNERAL DIRECTOR (NAME) Wardell Funeral Home
 (ADDRESS) Wardell Mo
 20. FILED 4 13 45 J. L. Gruy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 13 1945, 19 _____

22. I HEREBY CERTIFY, That I attended deceased from 4 12, 1945, to 4 13, 1945.
 I last saw her alive on 4 13, 1945. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Innataion
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. Gullett, M. D.
 (Address) Wardell Mo

(Licensed Embalmer's Statement on Reverse Side)

570

4-83-45

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{not} embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.