

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17327**

Registration District No. _____

Primary Registration District No. **56 55 -**

Registrar's No. **53**

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

1. PLACE OF DEATH:

(a) County **Lawrence 383**

(b) City or town **Mount Vernon Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium

(d) Length of stay: In hospital or institution **2410 days**
(Specify whether years, months or days)

In this community **2410 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**

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

(d) Street No. **Route # 1**
(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Neil McGranahan**

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

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1** year **1945** hour **4** minute **50** P.M.

21. I hereby certify that I attended the deceased from **September 22, 1938, to May 1, 1945;**
that I last saw him alive on **May 1, 1945;**
and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: **June 22, 1920**
(Month) (Day) (Year)

Immediate cause of death _____

Pulmonary tuberculosis

Due to _____

Duration **over 6 yrs**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **3/3**

8. AGE:

Years	Months	Days	If less than one day
24	10	9	hr. _____ min. _____

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

10. Usual occupation **Farm Work**

Major findings: **2 stages of right thoracoplasty**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **James D. McGranahan**

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

14. Maiden name **Bessie Beyers**

15. Birthplace **Unknown Nebraska**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Mo. State San., Mount Vernon, Mo.**

17. (a) **Removal** (b) Date thereof **5-1-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Revelle Cemetery near Warsaw Mo**

18. (a) Signature of funeral director **Geo B. O'Farrell**

(b) Address **7th Vernon 720**

19. (a) **5-2-45** (b) **Andy Crawford**
(Date received local registrar) (Registrar's signature)

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 **F**

23. Signature **G. F. ...** (M. D. or other) **MD**

Address **Mount Vernon, Mo.** Date signed **5-1-45**

RECEIVED
District Health Officer No. 6,
District File Number 545-611
Date Filed MAY 28 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.....
.....
Licensed Embalmer No. 946
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, fact should be so stated above.