V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23631

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 210

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Chaffee (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 MATTIE MAE CRIDER

3. (b) If veteran, name war None

3. (c) Social Security No. 489-30-9116

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank D. Crider

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. 24 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	7	12	hr. min.

9. Birthplace Birds Point (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Thomas Grant
13. Birthplace Quincy (City, town, or county) Florida (State or foreign country)

MOTHER
14. Maiden name Clara Price
15. Birthplace Spencer Co. (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Frank D. Crider

(b) Address Chaffee, Mo. 211 Black

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof July 10 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Soo F Cemetery Charleston

18. (a) Signature of funeral director Lloyd S. Morgan

(b) Address Advance, Mo.

19. (a) 7-13-'45 (Date received local registrar) (b) J. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 6 year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 6-30, 1945, to 7-6, 1945 that I last saw her alive on 7-6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Ch

Due to

Due to

Other conditions Myocarditis Ch (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 C. Duerth (M. D. or other) MD

Address Cape Girardeau Date signed 7/9/45

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 845-978

Date Filed 8-10-45

NOV 5 1957

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 Floyd S. Morgan, Registered Apprentice No. ....., working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3261

P. O. Address Clarence, 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.