

FILED MAR 9 1946
Registration District No. 144

Primary Registration District No. 4234

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(c) Name of hospital or institution: /
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1946 hour 11 minute 30 AM

21. I hereby certify that I attended the deceased from Sept, 1943, to Feb. 22, 1946;
that I last saw him alive on Feb. 22, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: 1 Acidosi Duration 2 days
Due to Diabetes Mellitus 20 yrs.

Due to _____
Other conditions Gangrene Rt. foot
(include pregnancy within 3 months of death)
Arterial sclerosis, general.

Major findings: _____
Of operations: _____
Of autopsy: 61
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1)

23. Signature Ben W. Bull (M. D. or other) M. D.
Address Ironton, Mo. Date signed 2-26-46

3. (a) PRINT FULL NAME Jacob Edward Grandhomme
3. (b) If veteran, name war no 3. (c) Social Security No. _____

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: July 29 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 23 _____ hr. _____ min.

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

10. Usual occupation merchant (retired)

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Grandhomme
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Amanda Weise
15. Birthplace Ironton Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara McCraw
(b) Address Ironton Mo.
17. (a) burial (b) Date thereof 2-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Ironton Mo.
19. (a) Feb 28 46 (b) Miss Lois Jones
(Date received local registrar) (Registrar's signature)

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

RECEIVED

Health Officer No. 4
File Number 346-1823
Date Filed 3-8-46

MAR 19 1946

MAR 20 1946

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 Lucy White
Licensed Embalmer No. 3017
P. O. Address Smith New

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.