

**FILED MAR 14 1946 STANDARD CERTIFICATE OF DEATH**

Registration District No. **236**

Primary Registration District No. **5818**

Registrar's No. **8**

7100  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community About 65 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Excelsior  
(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 Mary Eliza Grant

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Thomas W. Grant 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 27 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>		<u>14</u>	hr. _____ min.

9. Birthplace Decatur Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name William Kile

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Christina Skinner

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Burl Grant  
(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof 2 13 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c). Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director J. H. Tidwell  
(b) Address Versailles, Missouri

19. (a) 2-11-46 (b) J. H. Tidwell  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 11  
year 1946 hour 2 minute 05 a.m.

21. I hereby certify that I attended the deceased from 1946 to Feb 11 1946  
that I last saw her alive on Feb 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Influenza

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

Other conditions Coccinia Previt - removed  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 50

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 0

23. Signature J. H. Tidwell (M. D. or other) MD  
Address Versailles Mo Date signed 2/11/46

Duration 3da

10da

2yrs

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7,

District No. Number 2-16-237

Date Filed 3-13-46

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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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....

Signed Rene G. Bastian

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.**