

No. 2
5-68
-17-39
X36671

FILED APR 22 1946

Registration District No. 291

Primary Registration District No. 10021

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray

(b) City or town near Cowgill mo.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? Yes or No 0

If yes, name country _____

3. (a) PRINT FULL NAME Maudie D. Groves

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 23 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Sunset Hill 6 mi S of St Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Colonel James Dupont

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

14. Maiden name Kate Martine

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

16. (a) Informant Donald Groves

(b) Address Cowgill, mo.

17. (a) Burial (b) Date thereof Apr 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill, mo.

18. (a) Signature of funeral director C. H. A. Reed

(b) Address Cowgill mo.

19. (a) 4-5-46 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9
year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 7 1946 to Apr 9 1946
that I last saw her alive on Apr 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pylonephrosis
Unknown origin

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy 1230

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 _____

23. Signature C. H. A. Reed M.D. (M. D. or other) 0

Address Paris Mo Date signed 4-10-46

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

13078

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~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ch Reed*.....
Licensed Embalmer No. *2194*.....
P. O. Address *Cowgill, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. _____

Registration District No. 297

Primary Registration District No. (602)

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural Cowgill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Maudie D. Gravel

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 wid

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

7. Birth date of deceased: July 23
(Month) (Day) (Year)

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business Museum

12. Name Colonel J. Bryant

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

14. Maiden name Nate matron

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

16. (a) Informant Donald Gravel

(b) Address Cowgill, Mo

17. (a) _____ (b) Date thereof 4-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill, Mo

18. (a) Signature of funeral director C. J. Speed

(b) Address Cowgill, Mo

19. (a) April 5 - 46 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 9
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

14176