

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26583

Registration District No. 70

Primary Registration District No. 4123

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Wayland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles G. Grate

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

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

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

7. Birth date of deceased Apr. 5 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired Laborer

11. Industry or business

12. Name Solomon Grate

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

14. Maiden name Rachel Perry

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

16. (a) Informant Mrs. Ida Renner

(b) Address Wayland, Mo.

17. (a) Burial (b) Date thereof 8 / 6 / 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial, Keokuk

18. (a) Signature of funeral director H. Fischer

(b) Address Wayland, Mo.

19. (a) 8-8-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23
(c) City or town Wayland 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
Was found dead sitting on river bank with fish trap pole in hand
Other conditions (include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations
Of autopsy

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? Clark Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Perry S Burton (M. D. or other)
Address Date signed

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

AUG 28 1946

RECEIVED
District Health Officer No. 10
District File Number 8-46-154
AUG 14 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..... *R. F. Fisher*

Licensed Embalmer No..... 2611

P. O. Address..... Wayland

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.