

**FILED SEP 23 1946**

Registration District No. **4** Primary Registration District No. **3008**

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

**1. PLACE OF DEATH:**

(a) County Callaway

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

(c) Name of hospital or institution State Hospital 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1m 3d  
(Specify whether years, months or days)

In this community 1m 3d

**3. (a) PRINT FULL NAME** JACOB GRAPES

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

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Nannie Grapes 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan 3 1873  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>73</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Howard Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation section foreman

11. Industry or business RR

**MOTHER** {

12. Name Wm Grapes

13. Birthplace don't know  
(City, town, or county) (State or foreign country)

14. Maiden name don't know

15. Birthplace don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records

(b) Address Hutton MO

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 20 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Fayette MO

18. (a) Signature of funeral director Walker Funeral Home

(b) Address Hutton MO

19. (a) 9-20-1946 (Date received local registrar) (b) Jose Morsnickhoff (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Howard

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

(d) Street No. 203 Oakland Ave  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 20  
year 1946 hour 4:40 minute P M.

21. I hereby certify that I attended the deceased from Sept 18  
1946 to Sept 20 1946  
that I last saw him alive on Sept 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 yr

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

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

Other conditions mitral regurgitation  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 92B

**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 J. Caldwell (M. D. or other) MO  
Address Hutton MO Date signed 9/20/46

RECEIVED  
District Health Officer No. 9,  
District File Number 9-46-169  
Date Filed 9-23-46

SEP 30 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 Wenzel E. Browning  
Licensed Embalmer No. 2224  
P. O. Address Fulton 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.