

FILED APR 31 1947

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

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: Home - 404 Matthews St 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 life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott 100

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

(d) Street No. 404 Matthews St 3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARGARET ELLEN GRANT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1947 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from 4 May 46
1946 to Mar 15 1947;
that I last saw him alive on 15 March 47
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: Feb 10 1863
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to Arterio sclerosis

Hypertensive vascular disease

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

84 1 5 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Hinkley

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

14. Maiden name Nancy Hinton

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

16. (a) Informant Mr. Elmer Grant

(b) Address Sikeston MO

17. (a) Burial (b) Date thereof 3-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter Cemetery

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

(b) Address Sikeston MO

19. (a) 4-3-47 (b) Mrs. T. Henry
(Date received local registrar) (Registrar's signature)

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 Charles J. Meese (M. D. or other) _____
Address Sikeston MO Date signed 17 March 1947

RECEIVED
District Health Office No. 2,
District File Number 447-517
Date Filed 4-9-47

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..... *Raymond Crews*
Licensed Embalmer No. 3467
P. O. Address... *Sikeston 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.