

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14777  
Registrar's No. 130

Registration District No. 316

Primary Registration District No. 6075

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs. 6 mos. 8 days  
(Specify whether

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois 94  
(c) City or town Bismarck  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Unknown  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GRACE GEORGE HENRY  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single C  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March Unk. 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 Unk. Unk. hr. min.

9. Birthplace Caledonia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Teaching

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

MOTHER FATHER {  
12. Name George Henry  
13. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Angeline Brackenridge  
15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)  
16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 4-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia mo

18. (a) Signature of funeral director Norman White O.P.S.  
(b) Address Trouton mo.

19. (a) 4-19-47 (b) Ethel Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1947 hour 2 minute 15 A. M.  
21. I hereby certify that I attended the deceased from Sept. 30, 1942, 19\_\_\_\_, to April 7, 1947, 19\_\_\_\_;  
that I last saw her alive on April 7, 1947, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Arteriosclerosis  
hypertension + nephros  
Due to \_\_\_\_\_

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

Other conditions Senile Prostate  
(Include pregnancy within 3 months of death) Syn

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy No 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? \_\_\_\_\_  
(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)  
Means of injury 0

23. Signature James H. Hodson (M. D. or other) \_\_\_\_\_  
Address Farmington mo. Date signed 4/7/47

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

RECEIVED

District Health Officer No. 4  
District File Number 447-598  
Date Filed 4-29-47

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

Signed Russell J. White  
Licensed Embalmer No. 3012  
P. O. Address Smiths River, 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.**