

FILED AUG 20 1947

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1A

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs
(Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Morrisville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 Miles East of Morrisville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME

William Grant
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1946 hour 12:15 minute P M.
21. I hereby certify that I attended the deceased from Sam Hill
one hour on May 20, 1946
that I last saw him alive on May 20, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jessie B. Grant 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Aug. 13, 1867
(Month) (Day) (Year)

Immediate cause of death: General peritonitis
Duration _____

8. AGE: Years 78 Months 9 Days 7 If less than one day hr. min.

Due to gastric ulcer perforation
Due to _____

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

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

Major findings: Of operations _____ Of autopsy _____

12. Name James B. Grant

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

14. Maiden name Wiley Roberts

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

16. (a) Informant Fletcher M. Grant

(b) Address Morrisville, MO.

17. (a) Burial (b) Date there May 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke Cemetery, Springfield, MO.

18. (a) Signature of funeral director Edwin G. Blue

(b) Address Salina, MO.

19. (a) 8-19-1947 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. E. Handley (M. D. or other) _____
Address Salina, MO. Date signed 8-16-47

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

39
2
6

214
51.

[Handwritten signature and scribbles]

AUG 20 1947

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 *Willard P. Erwin*

Licensed Embalmer No. *3092*

P. O. Address. *Galena, 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.