

U.S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **28461**

**FILED** AUG 16 1947

Registration District No. 277

Primary Registration District No. 4366

Registrar's No. 321

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Edward W. Cary

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Alice S. Cary 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Nov. 12 1914  
 (Month) (Day) (Year)

8. AGE: Years 19/2 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation watch maker

11. Industry or business

12. Name unknown  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Alice S. Cary

(b) Address Granby Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 1947  
 (Month) (Day) (Year)

(c) Place: burial or cremation Fair Park Cemetery

18. (a) Signature of funeral director Culver - Judd

(b) Address Granby Mo

19. (a) 7-9-1947 (Date received local registrar) (b) M. L. Young (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 73  
 (c) City or town Granby 1  
 (If outside city or town limits, write "RURAL") 6  
 (d) Street No. 0 (If rural, give location) 0  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8  
 year 1947 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from August 2  
1947, to August 8, 1947  
 that I last saw him alive on August 8, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Renal insufficiency 6 weeks

Due to Cardio-renal-hypertensive disease 2 years

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
 Of autopsy 931

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? 2

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

23. Signature Charles O. Chitt (M. D. or other) DO  
 Address Granby, Mo. Date signed 8-9-47

(Licensed Embalmer's Statement on Reverse Side)

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

73  
 1  
 0

SEP 26 1947

JAN 27 1948

RECEIVED

District Health Officer No. Newton  
District File Number 847-159  
Date Filed 8-13-47

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 Margaret Culver  
Licensed Embalmer No. 4389  
P. O. Address Cassville

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.