

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30614

State File No. ....

FILED OCT 8 1947

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 300

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Family Home 1322 S. Middle  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community All life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 322 S. Middle  
(If rural, give location)

(e) Citizen of foreign country? Yes or No

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Ellie LaGrand

3. (b) If veteran, name was ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Sadie

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug 8-1899  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1947 hour 10 00 minute 45 A.M.

21. I hereby certify that I attended the deceased from June  
1, 1946, to Sept 25, 1947.

that I last saw him alive on Sept 25, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death AMyotrophic lateral Sclerosis

Duration \_\_\_\_\_

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

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

Other conditions g2  
(Include pregnancy within 3 months of death)

8. AGE: Years 58 Months 1 Days 17 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Railroad

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

12. Name August LaGrand

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

14. Maiden name Marie Coy

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

16. (a) Informant Mrs Sadie LaGrand

(b) Address 322 S. Middle

17. (a) Funeral (b) Date thereof 9-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Likestown Mo

18. (a) Signature of funeral director G. G. Huggell

(b) Address Cape Girardeau Mo

19. (a) 10-17-47 (b) G. G. Summers  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

Of autopsy \_\_\_\_\_

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 Edward O Campbell (M. D. or other) 0

Address Cape Girardeau Mo Date signed 9-30-47

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

MOTHER, FATHER

RECEIVED

Health Officer No. 4

File Number 1047-12

Date Filed 10-6-4

MAY 1 1958

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau, 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.