. S. No. 2
0M—5-43
ev. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1947

Registration District No. 300

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39302

Primary Registration District No. 4449

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community Y 60 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo, (b) County Shannon 101

(c) City or town Winona 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Martha Jane Grant

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 4 (Day) 1865 (Year)

8. AGE: Years 82 Months 1 Days 08 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

FATHER
12. Name James Hill 1
13. Birthplace (City, town, or county) Ken. (State or foreign country)

MOTHER
14. Maiden name Ellender Davis
15. Birthplace (City, town, or county) Obine Co. Tenn. 1 (State or foreign country)

16. (a) Informant Mrs Ruby Shoe Mate
(b) Address Ellington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Winona, Mo.

18. (a) Signature of funeral director Phil A Leuckel
(b) Address Ellington, Mo.

19. (a) Nov. 2-47 (Date received local registrar) (b) Essie Evans (Registrar's signature) 371

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1947 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from Sept 29, 1947, to Oct 2, 1947, that I last saw her alive on September 29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46 B

Duration

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 0

23. Signature A. F. Bugg, M.D. (M. D. or other)

Address Ellington, Mo Date signed 10-3-47

(Licensed Embalmer's Statement on Reverse Side)

10-3-47

RECEIVED
District Health Officer No. 8
District File Number 114763
Date Filed 11-19-47

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~~ 10-2-47

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Th

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.