No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1872

State File No.

Registration District No. 239 Primary Registration District No. 58-25-4356 Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Parma
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72
(c) City or town Parma 5
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WISEMAN GRANT
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Doshia Grant
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unk. (Month) (Day) 1892 (Year)

8. AGE:	Years	Months	Days	If less than one day
About	56			hr. min.

9. Birthplace Unk (City, town, or county) Miss. (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Nahe Grant, 9
13. Birthplace Unk. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Unk 9
15. Birthplace Unk. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Wiseman Grant Jr.
(b) Address Parma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sand Hill
18. (a) Signature of funeral director Friends County
(b) Address New Madrid Mo
19. (a) 2-3-48 (Date received local registrar) (b) Dr Geo W Hirsted (Registrar's signature) 2/7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1948 hour 3:30 minute P.M.
21. I hereby certify that I attended the deceased from —
21, 19—, to —, 19—;
that I last saw h— alive on —, 19—;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Wet Gangreen in leg	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury 0
23. Signature Leo Hedgpeth Coroner ~~(M. D. or other)~~
Address New Madrid Date signed 1/31-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 248-204
Date Filed 2-9-48

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 Not Embalmed Registered Apprentice No. , working under my personal supervision.

Signed L. S. Hedgpeth

Licensed Embalmer No. 3883

P. O. Address New Madrid, 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.