S. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 6 1948

Registration District No. 136

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9082

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 305 Byers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 51 Years

2. USUAL RESIDENCE OF DECEASED: 44
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin 5
(If outside city or town limits, write "RURAL")
(d) Street No. 305 Byers 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: William E. Grattis
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Viola Grattis
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 25, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	7	hr. min.

9. Birthplace: Muskegon, Michigan (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Restaurant

FATHER
12. Name: Franklin Grattis
13. Birthplace: Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jane Cookerly
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Orville Grattis
(b) Address: Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Moont Hope
18. (a) Signature of funeral director: Hurlbut-Glover
(b) Address: Joplin, Mo.
19. (a) 3-6-48 (Date received local registrar) (b) Dolores Lamphins (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1948 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from June, 1944, to March 5, 1948 that I last saw him alive on March 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	7 days
Due to: Cardiac insufficiency	
Due to: Heart block	60 days
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 95C	
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)
While at work? (e) Means of injury

Signature: R. A. Mahoney (M. D. or other) D.O.
Address: Joplin, Mo. Date signed 3-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-3-240

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.