No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17322

Registration District No. 316 — Primary Registration District No. 3059 — Registrar's No. 159

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 60 yrs. years, months or days)

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

3. (a) PRINT FULL NAME Carrie Elizabeth LeGrand.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jesse A. LeGrand.
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July (Month) 6 (Day) 1887 (Year)

8. AGE: Years 60 Months 10 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace St. Francois Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Frank Williams
13. Birthplace unk. (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Emma Lynch
15. Birthplace unk. (City, town, or county) 9 (State or foreign country)
16. (a) Informant J. A. LeGrand.
(b) Address Doe Run, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Gem. Farmington
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo
19. (a) 5-25-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1948 hour 11 minute A.M.
21. I hereby certify that I attended the deceased from July 1947, to May 17, 1948; that I last saw her alive on May 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Massive Cerebral Hemorrhage
Due to Hypertension (Essential)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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
23. Signature George L. Watkins (M. D. or other)
Address Farmington, Mo Date signed 5-22-48

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

EIVED

District Health Officer No. 4

District File Number 648-68

Date Filed 6-1-4

VS APR 8 1960

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 Paul H. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.