. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 3 1949

Registration District No. 5-4

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10700

Primary Registration District No. 3038

Registrar's No. 109

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 567 S Livingston
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn
(c) City or town: Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 567 S. Livingston
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No): No
If yes, name country .....

3. (a) PRINT FULL NAME: FRANK M. GRABLE
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Myrtle Grable
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Nov. (Month) 25 (Day) 1871 (Year)

8. AGE: Years 77 Months 0 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace: Benton (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: .....
12. Name (Father): James Grable
13. Birthplace (Father): D.K. (City, town, or county) D.K. (State or foreign country)
14. Maiden name (Mother): Mary J. Whittington
15. Birthplace (Mother): D.K. (City, town, or county) D.K. (State or foreign country)
16. (a) Informant: Mrs Myrtle Grable
(b) Address: Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 22 (Month) 1948 (Year)
(c) Place: burial or cremation: Rose Hill
18. (a) Signature of funeral director: Hill Funeral Home
(b) Address: Brookfield Mo
19. (a) 12-31-48 (Date received local registrar) (b) Walter Erwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1948 hour 13 minute 30 A.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia (Primary atrophy pulmonal septum) — Duration .....
Due to: Arteriosclerosis — Duration .....
Due to: ..... — Duration .....
Other conditions (Include pregnancy within 3 months of death): ..... — Duration .....
Major findings: Of operations: 87 — Duration .....
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 .....

23. Signature: John R Dixon (M. D. or other) M.D.
Address: Brookfield Date signed 12-22-48

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

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

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 J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Me

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.