

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31162**

FILED OCT 15 1949

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paura</u>	
c. LENGTH OF STAY (in this place)		78	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>K</u>		d. STREET ADDRESS (If rural, give location) <u>Portageville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u>	b. (Middle) _____	c. (Last) <u>Granger Jr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 24, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 4, 1929</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 2 HRS. Hours <u>1</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Lyronza, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Francis Granger</u>	13b. MOTHER'S MAIDEN NAME <u>Ardie McDonald</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-32-7259</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ananias Granger</u>	ADDRESS <u>Portageville</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot twice in left side</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of body, shot twice</u>		6981X
		DUE TO (c) <u>in left hip with a</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>38 pistol, Homicide.</u>		

19a. DATE OF OPERATION <u>NO.</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Place</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Portageville New Madrid. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 24 - 49 8:00 p.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot with pistol. 38 10</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. S. Hedges</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>New Madrid. Mo.</u>	23c. DATE SIGNED <u>Sept 26 - 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Portageville, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>Sept 27, 1949</u>	REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeLisle Funeral Parlor</u>	ADDRESS <u>Portageville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 12
District Health Office
District File Number 1049
Date Filed

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *Joseph A. DeLuca*
Licensed Embalmer No. *4481*
P. O. Address *Wagwell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.