

FILED OCT 24 1949

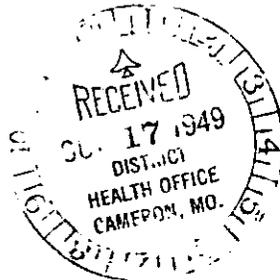
State File No. 33523

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <b>Centre</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO</b> b. COUNTY <b>Centre</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stonbury</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stonbury MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Must</b>		d. STREET ADDRESS (If rural, give location) <b>N.E. Stonbury</b>	
3. NAME OF DECEASED a. (First) <b>Emma</b> b. (Middle) <b>Jane</b> c. (Last) <b>McGrawson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-7-49</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-14-1893</b>
9. AGE (In years last birthday) <b>56</b>		10. MONTHS <b>5</b>	11. DAYS <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Centre MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Geo. H. Watson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Reddick</b>	
14. NAME OF HUSBAND <b>Robert McGrawson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Robert McGrawson</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <b>Stonbury</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Hemorrhage of Brain</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b>		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Centre Centre MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>10-7</b> , 19 <b>49</b> , to <b>10-7</b> , 19 <b>49</b> , 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 <b>Conrad J. ...</b> (Degree or title)		23b. ADDRESS <b>2 Centre MO</b>	
23c. DATE SIGNED <b>10-10-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>10-11-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>High Ridge</b>	
24d. LOCATION (City, town, or county) (State) <b>Stonbury MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert L. Phillips</b>	
25. ADDRESS <b>Stonbury MO</b>		DATE REC'D BY LOCAL REG. <b>Oct 13-49</b>	
REGISTRAR'S SIGNATURE <b>Mrs. Edith Phil...</b>		25. ADDRESS <b>Stonbury MO</b>	

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

MS  
APR 6 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 \_\_\_\_\_

~~Assistant Embalmer No.~~

~~Working under my personal supervision.~~

Student .....  
Student Embalmer

Signed Leroy A. Phillips

Licensed Embalmer No. 1898

P. O. Address Starbuck, Md

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.