

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11615

BIRTH NO.		REG. DIST. NO. 220		PRIMARY REG. DIST. NO. 447C		Registrar's No. 10		
1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL KEASOTWP</b>		c. LENGTH OF STAY (in this place) <b>2 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL KEASOTWP 10th</b>		d. STREET ADDRESS (If rural, give location) <b>2 MI EAST OF ILLMO</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME 2 MI EAST OF ILLMO</b>				d. STREET ADDRESS (If rural, give location) <b>2 MI EAST OF ILLMO</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>BENJAMIN</b>			b. (Middle) <b>FRANKLIN</b>		c. (Last) <b>GRANT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 19 1950</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 20, 1898</b>		9. AGE (in years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BUS DRIVER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>BUS</b>		11. BIRTHPLACE (State or foreign country) <b>NEAR BENTON MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>HENRY GRANT</b>			13b. MOTHER'S MAIDEN NAME <b>ELLA REYNOLDS</b>		14. NAME OF HUSBAND OR WIFE <b>MRS EDITH HOBBS GRANT</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>430-10-3614</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Edith Grant Illmo, Mo</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA (STOMACH)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.			<b>15/11</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Nov. 29 1949</b> , to <b>March 18 1950</b> , that I last saw the deceased alive on <b>March 18, 1950</b> , and that death occurred at <b>6:21 AM</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Benton Wilson</b> (Degree or title) <b>DO.</b>				23b. ADDRESS <b>Tonpelt, Mo.</b>		23c. DATE SIGNED <b>March 29, 1950</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-22-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FAIRMOUNT</b>		24d. LOCATION (City, town, or county) (State) <b>CAPE GIRARDEAU MO.</b>			
DATE REC'D BY LOCAL REG. <b>3-20-50</b>		REGISTRAR'S SIGNATURE <b>G. F. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Begley ...</b>		ADDRESS <b>... Illmo, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 22  
District Health Office  
District File Number 350-  
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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Illinois, Ills

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.