S. No. 300
v. 10-48

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24808

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6422

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~St. Louis~~ 0780

d. STREET ADDRESS (If rural, give location) WARDELL Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Jessie
b. (Middle) James
c. (Last) Grandberry

4. DATE OF DEATH (Month) (Day) (Year) 7- 25 1950

5. SEX Male 2

6. COLOR OR RACE Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 11

8. DATE OF BIRTH April 1st 1918

9. AGE (In years last birthday) 32 — IF UNDER 1 YEAR Months 3 Days 23 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY unknown

11. BIRTHPLACE (State or foreign country) Macon Tenn

12. CITIZEN OF WHAT COUNTRY? U.S. A

13a. FATHER'S NAME Fred Grandberry

13b. MOTHER'S MAIDEN NAME Lizzie Nerrell

14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME Mary Welsh 1451 Britton St ADDRESS Memphis Tenn

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) Fr of Cervicle Vertebra Transection of cord. Decubitus Ulcerd suffered about May 18 1949, when struck in which deceased was riding in overturned near Sikeston, Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cause and manner of accident could not be determined

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Accident

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Sikeston (COUNTY) Mo (STATE) 8224

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 18 49 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 32

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 1015A m., from the causes and on the date stated above.* Overturned

23a. SIGNATURE (Degree or title) Patrick E. Taylor Cor

23b. ADDRESS 1300 Clark Avenue

23c. DATE SIGNED 7-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 2

24b. DATE 7-28-1950

24c. NAME OF CEMETERY OR CREMATORY Holly Wood Cemetery

24d. LOCATION (City, town, or county) Memphis (State) Tenn

DATE REC'D BY LOCAL REG. JUL 27 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE J.H.Randle & Son 3133 Bell ADDRESS Avenue

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.