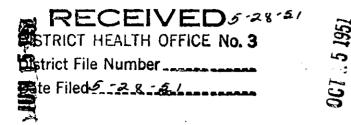
	0 0 10E1	THE DIVISION OF HE	ALTH OF MISSOURI		
∘∥ FILED M	AY 29 1951	STANDARD CERTIF		State File No	16302
BIRTH NO		REG. DIST. NO. 137	PRIMARY REG. DIST. 40. 3	23 Registrar's No.	67.
I. PLACE OF	DEATH		2 USUAL RESIDENCE (titution: residence before
a. COUNTY	HENRY		a. STATE MISSOU	L. L. COUNTY	eNTY"
b. CITY (II owner OR TOWN	le corpurate limita, drite Ri	C. LENGTH OF STAY (in this place)	c. CITY (8 amounts composite timits OR TOWN C///	to N	0422
d. FULL NAME HOSPITAL C INSTITUTIO	OF (If not in hospital or in	eticution, give street address of location)	d. STREET (B' ruiral, ADDRESS 40 4	give location)	#
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Josep	h Mich	e/ Grant	DEATH May	20-1951
Male (6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	9-10-1894	9. AGE (In years) IF CHOER last birthday). Months	
	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or foreign of		12. CITIZEN OF WHAT COUNTRY?
<i>09/ 1</i> 3a. father's M	<u> 7 / N C </u>	136. MOTHER'S MAIDEN		AE OF HUSBARDEDA WIF	<u>u.o.a.</u>
James	GLON	t Elizabe	eth Kennedy	Nellie (Frant
5. WAS DECEASED Yes, no, or unknown)	EVER IN U.S. ARMED F (If yes, give war or dates of		17. INFORMANT'S SIGN	ATURE OR NAME	ADDRESS AM MA
18. CAUSE OF DEA	' <u></u>	MEDICAL O	ERTIFICATION	N. L. SIII	INTERVAL BETWEEN
Enter only one cause line for (a), (b), and	per II. DISEASE OR CO	ondition ng to death*(a)	use hemos	hoge	ONSET AND DEATH
*This does not m	an ANTECEDENT CA		•	·	·
the mode of dying, so as heart fallure, asther	in 1 1182 to the above ca	, if any, giving DUE TO (b) use (a) stating			
etc. It means the c ease, injury, or compl	lis the underlying cou	ae last. DUE TO (c)	to in the state of		
tion which caused dec	th. II. OTHER SIGNIF	ICANT CONDITIONS	1111.1111111111111111111111111111111111		
·		uting to the death but not se or condition causing death.	<u>. </u>		<u> </u>
19a. DATE OF OPE	RA- 196. MAJOR FIND ON	DINGS OF OPERATION	i mala ta	331 X	20. AUTOPSY?
IIa. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	1b. PLACE OF INJURY (e.g., in or about some, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHI	P) (COUNTY)	(STATE)
21d. TIME (M- OF INJURY	outh) (Day) (Year) (I	Elour) 216. INJURY OCCURRED WHILE AT MORE	21f. HOW DID INJURY OCCUR?	, ···	
	fu that I attended t	he deceased from ATWORK	, 1951, to may 2	0 . 19 5 / that I la	st saw the deceased
filive on _	May 20, 195	L, and that death occurred at	5:00 Pm., from the cause	and on the date state	d above.
23a. SIGNATUR		(Degree or title)	23b. ADDRESS	722-	23c. DATE SIGNED
_ Xai	med //	with The	Y OR CREMATORY 24d, LOCA	TION (City to a	15-22-57
24a. BURTAL, CR TION REMOVAL (B)	EMA- 246. DATE	1951 ENGLEW	OF CREMATORY 24d, LOCA	ATION (City, town, or cou	M (State)
DATE REC'D BY L	CAL REGISTRAR'S S	IGNATURE Adam 425	25. FUNERAL DIRECTOR'S	DUNNIA	Clinten
my and	<u> </u>	(Licensed Embalmer's	Statement on Reverse Side)	~ ~ " " " " " " " " " " " " " " " " " "	
	4				



Y68 1 8 1825

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the r	reverse side of this o	ertificate v	was embalmed by	me, or by
	******	Student	Embalmer No	
orking under my personal supervision.	1	•	10	

Student Student February

Licensed Embalmer No. 45/0

P. O. Address Clinton MI

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.