

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Centralia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) all of her life

3. (a) PRINT FULL NAME

Georgia Gritton

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dead

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased April (Month)

21 (Day) 1857 (Year)

8. AGE:

Years 83 Months 3 Days 3 If less than one day hr. min.

9. Birthplace

Monroe Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

House Wife

11. Industry or business

0

12. Name

George Arty

13. Birthplace

Mo (City, town, or county) (State or foreign country)

14. Maiden name

Marjory Brown

15. Birthplace

Monroe Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant

Mrs Ernest Ball

(b) Address

Centralia Mo.

17. (a) Buried

(b) Date thereof 7/26/1940 (Month) (Day) (Year)

(c) Place: burial or cremation

Centralia Mo. Cem.

18. (a) Signature of funeral director

Monmouth

(b) Address

Centralia Mo.

19. (a)

7/25/1940 (b) Rebore (c) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Centralia - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1940 hour 6 M. 15

21. I hereby certify that I attended the deceased from July 20 to July 24, 1940.
that I last saw her alive on July 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia
Due to: Chronic myo carditis

Due to: 930

Other conditions: 930
(Include pregnancy within 3 months of death)

Major findings: none
Of operations.

Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---
(b) Date of occurrence ---
(c) Where did injury occur? --- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? --- (Specify type of place) (e) Means of injury.

23. Signature Monmouth (b) (Registrar's signature) Address Centralia Mo. Date signed 7/24/40

40
82
—
58

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~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed MJ McDougal.....

Licensed Embalmer No. 2589.....

P. O. Address Crestline Mo.....

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.