

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17282

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico, Saltriver Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
909 Southwestern Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community About 7 years
years, months or days)

3. (a) PRINT Annie Belle Gritton
FULL NAME

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Gritton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 24, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 8 _____ hr. _____ min.

9. Birthplace Monroe County, Missouri U
(City, town, or county) (State or foreign country)

10. Usual occupation Bone

11. Industry or business

12. Name Thomas Monroe Garnett
13. Birthplace Monroe County, Missouri U
(City, town, or county) (State or foreign country)
14. Maiden name Mary Riely
15. Birthplace Monroe County, Missouri U
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edward Moore
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof May 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Madison, Mo.

18. (a) Signature of funeral director Paul E. Corl
(b) Address Mexico, Missouri

19. (a) May-2-42 (b) Margaret H. Machine
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 909 South western Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1942 hour 12 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from
4-13- 1942 to 3-2- 1942
that I last saw her alive on 3-1- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Central Paralysis
Due to Blood clot

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature Paul E. Corl (M. D. or other) D
Address 3-2-42 Date signed 5/2/42

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

RECEIVED

District Health Officer No. 10

District File Number 6-42-1231

Date Filed JUN - 9 1942

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.....

Earl E. Precht

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.