

No. 2
1/47
17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 16 1947
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31003
Registrar's No. 190

Primary Registration District No. 3023

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

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 hr (Specify whether
In this community: 1 hr years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry
(c) City or town: Clinton
(If outside city or town limits, write "RURAL")
(d) Street No.: _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: John Grant
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6
year 1947 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from 6 Sept, 1947 to 6-Sept, 1947
that I last saw him in alive on 6 Sept, 1947
and that death occurred on the date and hour stated above.
Duration _____
Immediate cause of death: _____
Due to: Electrolyte Prematurity
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: 9 6 47
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 10 min.

9. Birthplace: Clinton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Baby

11. Industry or business: _____

MOTHER FATHER
12. Name: Joseph M Grant Jr
13. Birthplace: Seaman Kan
(City, town, or county) (State or foreign country)
14. Maiden name: Viola Cole
15. Birthplace: Mentrose Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Joseph M Grant Jr
(b) Address: 404 N 3rd Clinton Mo

17. (a) Burial (b) Date thereof: 9-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Cinland care

18. (a) Signature of funeral director: Siskman & Dunning
(b) Address: Clinton Mo

19. (a) 9-6-47 (b) R R Kenney
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause of which death should be charged statistically.
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? _____ (Specify type of place)
While at work _____ (Specify means of injury)
23. Signature: James D. Shell (M. D. or other) M.D.
Address: Clinton, Mo Date signed: 6-5-47

*This must be on a pink slip
because it is a still birth*

Date Filed 9-15-47
District No. 8-47-32
District Health Officer No. 7
RECEIVED

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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.