

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

REV. 3-1-35 1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26073

11 1941

on District No. 775

Primary Registration District No. 6022a

Registrar's No. 49

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

3. (a) PRINT FULL NAME MARGARET EMMA MCGRAEL
8. (b) If veteran, name war ✓ 8. (c) Social Security No. _____
4. Sex Female 5. Color or race White 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 Nov. 25 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 7 10 hr. min.

9. Birthplace Bonne Terre, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House maid

11. Industry or business _____
12. Name Lawrence Mc Grael
18. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name GALGIE MASSINGALE
15. Birthplace Bonne Terre, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address _____
17. (a) Funeral (b) Date thereof July 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Funeral Home
18. (a) Signature of funeral director Lawrence Mc Grael
(b) Address Bonne Terre, Mo.
19. (a) July 10 1941 (b) N. W. Hawkin
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Old Solo Road
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1941 hour 3 minutes 30 P. M.
21. I hereby certify that I attended the deceased By Request
July 5 1941 at _____
and that death occurred on the date and hour stated above.

Immediate cause of death Shot Gun Wound Duration _____
gun wound; He the jury list
the deceased came to death
by shot gun wound inflicted
by her own hands; Suicide

Other conditions (Include pregnancy within 3 months of death) 1640

Major findings: Of operations _____
Of autopsy _____
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) Suicide
(b) Date of occurrence July 5, 1941
(c) Where did injury occur Bonne Terre, St. Francois, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work _____ (Specify type of place) (e) Means of injury Shot Gun Wound
23. Signature Lawrence Raywell (M. D. or other) _____
Address Bonne Terre, Mo. Date signed 7/5/41

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..... *C. J. Claywell*.....
Licensed Embalmer No. *3706*.....
P. O. Address..... *Bonnet Lane Ma*.....

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, above space should be left blank.

STANDARD CERTIFICATE OF DEATH

State File No. 26073

Registration District No. 775

Primary Registration District No. 60204

Registrar's No. 47

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Margaret E. Mc Gravel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

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

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Mc Gravel
(b) Address Bonne Terre, Mo.

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Sept. 23, 1941 (b) N. W. Hawkin
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month _____ Day _____ Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

