

FILED OCT 12 1945

State File No. _____

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 166

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River Mo.
(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 lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
(c) City or town Flat River Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Seventh Street (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME EDDIE DEGRANT

3. (b) If veteran, name war _____ 3. (c) Social Security No. 49309076

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marguerite Cummings Degrant 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased: Oct 11 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Electrician

11. Industry or business St. Joseph Lead Co.

12. Name Walter D. Degrant

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

14. Maiden name Delia Misa

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

16. (a) Informant W.C. Crings

(b) Address Flat River Mo.

17. (a) Burial (b) Date thereof Sept 22 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View

18. (a) Signature of funeral director Sparks

(b) Address Flat River Mo.

19. (a) 9-25-45 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1945 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Jury Verdict, By falling rock from a pillar about which the deceased was due to lighting a cable Duration _____
Due to Crushed Skull

Due to _____

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

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) accident 94

(b) Date of occurrence Sept. 21, 1945

(c) Where did injury occur? Flat River St. Francois Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place, Mines

While at work? yes (Specify type of place) (e) Means of injury crushed skull

23. Signature Bert J. Miller 3 (M. D. or other) Coroner

Address Paris, Mo. Date signed 9/21/45

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

MOTHER FATHER

74
5
2

JAN 21 1949

Health Officer No. 4
District File Number 1045-1198
Date Filed 10-9-45

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 E. Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River, 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.