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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington St. Francois
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 23 years
years, months or days

3. (a) PRINT FULL NAME FAE ETTA GRANDHÖMME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Joe Grandhomme

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 8 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bert G. Lorton

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

14. Maiden name Adelle G. Faulkes

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

16. (a) Informant Joe Grandhomme

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Dec. 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Memorial Park
3001 1/2 St., Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo.

19. (a) 12-1-44 (b) James L. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois ⁹⁴

(c) City or town Farmington ⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 619 W. Columbia ¹
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____ ¹

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1944 hour _____ minute 9 P. M.

21. I hereby certify that I attended the deceased from Jan _____ 1940 to Nov. 28 1944
and that death occurred on the date and hour stated above.

that I last saw her alive on Oct 15 1944

Immediate cause of death Coronary
Thrombosis

Due to Coronary Disease ^{5 min.}

Due to Diabetes Mellitus ^{4 yrs.}

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

5 min.

5 yrs.

4 yrs.

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)

(c) Means of injury _____

23. Signature Geo. L. Waters (M. D., mother)

Address Farmington, Mo. Date signed 12-1-44

RECEIVED

District Health Officer No. 4
District File Number 1244-4688
Date Filed 12-20-44

DEC 27 1944

FEB 5 1945

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 Bert J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.