

FILED SEP 5 1947

Registration District No. **337**

Primary Registration District No. **4494**

1. PLACE OF DEATH:

(a) County **Shannon**  
(b) City or town **Winona mo**  
(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 **50 yrs.**  
years, months or days

3. (a) PRINT FULL NAME **William Henry Grant**

8. (b) If veteran, name war **no** 8. (c) Social Security No. **no**

4. Sex **M. C.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M. /**

6. (b) Name of husband or wife **MARTH A Grant** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **Nov 7 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 78 8 16** hr. min.

9. Birthplace **Celina Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business

12. Name **Benjamin Harrison Grant**

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

14. Maiden name **Melba Bushnell**

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

16. (a) Informant **Herbert A Grant**

(b) Address **Ellington St, mo**

17. (a) **Burial** (b) Date thereof **7-24-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Winona mo**

18. (a) Signature of funeral director **Phil A Leuchel**

(b) Address **Van Buren mo.**

19. (a) **9-11-47** (b) **W. H. P. Lee**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shannon**

(c) City or town **WINONA-MO**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **23rd** day **July**  
year **1947** hour **06** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **6-10** 19**47** to **7-9** 19**47**

that I last saw him alive on **7-9** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Lobar Pneumonia**

Due to \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature **W. T. Eudy** (M. D. or other) **MD**

\*Address **Shannon mo** Date signed **7-30-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File 84-1439

Date Filed 8-30-47

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 7-23-47

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Tr

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.