FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4154

Registration District No. 774 — Primary Registration District No. 6018B — Registrar's No. 1009

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Leadington (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 /

In this community all of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois

(c) City or town Leadington (If outside city or town limits, write "RURAL") 9-1

(d) Street No. 0 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Wesley Degrant

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva Trader

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

7. Birth date of deceased April (Month) 30 (Day) 1872 (Year)

8. AGE: Years 68 Months 8 Days 19 If less than one day hr. min.

9. Birthplace French Village (City, town, or county) D Missouri (State or foreign country)

10. Usual occupation Retired Miner

11. Industry or business Lead mining

FATHER
12. Name John Degrant
13. Birthplace Dont No (City, town, or county) D Missouri (State or foreign country)

MOTHER
14. Maiden name Ella Cundiff
15. Birthplace Dont No (City, town, or county) D Missouri (State or foreign country)

16. (a) Informant's own signature Vernon Degrant

(b) Address Leadington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation Dolrun

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge Missouri

19. (a) 1-10-41 (Date received by local registrar) (b) C B Fraser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1941 hour 9: minute a M.

21. I hereby certify that I attended the deceased from Dec 30, 1941, to Jan 9, 1941; that I last saw him alive on Jan 8, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Myocarditis	
Due to Hypertension	
Due to	
Other conditions (Includes 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)

(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? (e) Means of injury

23. Signature E H Engelhardt (M. D. or other) MD

Address Flat River Mo Date signed 1/10/41

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 x19511

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.

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

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. Berger

Licensed Embalmer No. 1671

P. O. Address Wenlaye 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, above space should be left blank.