

REC'D MAR 23 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7840

Do not use this space.

## 1. PLACE OF DEATH

(a) County Pike Registration District No. 689  
(b) Township Buffalo Primary Registration District No. 5917 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. Jack Valley Sch. dist St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Rachael Jane Grimmet 653 St.  (If nonresident, give city or town and State)  
Jack Valley Sch. dist  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilson Grimmet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-63

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 1 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co MoFATHER 13. NAME George Herington14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co MoMOTHER 15. MAIDEN NAME Amanda Sanford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo17. INFORMANT (ADDRESS) Frances Pearl  
Rt 2 Louisiana Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion Pike Co Mo DATE 2-16 193819. FUNERAL DIRECTOR (ADDRESS) J. H. H. H.  
Louisiana Mo20. FILED 2/14 1938 J. H. H. H. Local Registrar. (6-2)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14 193822. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938, to Feb 14, 1938I last saw her alive on Feb 14, 1938. Death is said to have occurred on the date stated above, at 4:26 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Subar

Date of onset

Feb 13

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) E. M. H. H., M. D.(Address) Clarksville Mo

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**