

NOV 14 1938

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

36252
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3079 Registered No. 275
 (c) City Hannibal (d) Street No. St. Elizabeth Hospital St.
 (If death occurred in a hospital, institution, or other place, write its name instead of street and number)
 (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 Henrietta Bandall

(a) Residence, No. 810 Lindell St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Bandall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 87 1 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Audrain County Missouri

FATHER 13. NAME Thomas S. Grimes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Ann Slaughter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. R. D. Carter 810 Lindell av

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview B.P. DATE 10/17/1938

19. FUNERAL DIRECTOR (ADDRESS) Smith Funeral Home 902 Broadway

20. FILED Oct 19 1938 W. C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938 to Oct 16 1938
 I last saw her alive on Oct 16 1938 Death is said to have occurred on the date stated above, at 8:45

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

Chronic myocarditis

Other contributory causes of importance: Chronic nephritis 131
Hypertension

Name of operation no Date of no
 What test confirmed diagnosis? Chin 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?
 If so, specify _____
 (Signed) W. C. Fisher M. D.
 (Address) 100 1/2 S. 1st St. Hannibal Mo

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.

Dr. W. C. Fisher

STATEMENT BY LICENSED EMBALMER

I, Crawford Smith, Licensed Embalmer No. 3814
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. J. Marsh
L. E.
No. 3932 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Crawford Smith
Licensed Embalmer No. 3814

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.)