

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

43325  
Do not use this space.

REC'D JAN 16 1938

**1. PLACE OF DEATH**

(a) County Jackson <sup>2</sup> Registration District No. 398  
 (b) Township Blue <sup>1</sup> Primary Registration District No. 5554 Registered No. 339  
 (c) City \_\_\_\_\_ (d) Street No. 1701 Sterling \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, 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** Ellen Elizabeth Grassley

(a) Residence, No. 1701 Sterling 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Franklin H. Grassley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1850  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
88 5 4  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Near Altono Pennsylvania <sup>1</sup>

FATHER 13. NAME Washington Sisler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania <sup>1</sup>

MOTHER 15. MAIDEN NAME Susan McHugh  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania <sup>1</sup>

17. INFORMANT Edith J. Grassley  
 (ADDRESS) 1701 Sterling

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE Dec. 10 <sup>1938</sup>

19. FUNERAL DIRECTOR Ott & Mitchell  
 (ADDRESS) Independence, Mo.

20. FILED 12-15-38 F. L. Leake  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Dec 7 1938  
 I last saw her alive on Dec 7 1938. Death is said to have occurred on the date stated above, at 80 m.  
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset Nov 15, 1938  
92H

Other contributory causes of importance  
Old Mitral insufficiency and myocardial sclerosis

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none, 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) John B. Green M. D.  
 (Address) Independence, Mo. 360

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7236-37 1 X12004

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**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.)**