

JAN 28 1938

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

Long
44115
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 670
 (b) Township Bowling Green Primary Registration District No. 5893 Registered No. _____
 (c) City Sedalia (d) Street No. RFD # 4 _____ 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 65 James Welton Grimes

(a) Residence, No. RFD # 4 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 Male 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 Ory Mather Grimes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
77 9 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Ky.

FATHER 13. NAME James Christy Grimes

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

MOTHER 15. MAIDEN NAME Martha Ann Tevebaugh

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

17. INFORMANT (ADDRESS) Mrs. James W. Grimes Sedalia, Mo. RFD # 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Longwood Mo. DATE Dec. 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED Jan 9 1939 Flossie Ferguson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1938 to Dec. 18 1938
 I last saw him alive on Dec. 17 1938 Death is said to have occurred on the date stated above, at 7:30 pm
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Myocardial Infarction 1928
Chronic Nephritis 1928
Arteriosclerosis 1910
with Auricular Fibrillation 12/19/38
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Plummet 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) W. J. Long M. D.
 (Address) Sedalia, 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.

RECEIVED
District Health Officer No. 8
District File Number 113/39
Date Filed

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,

Geo. Dillard, or by

Registered Apprentice No., working under my personal supervision.

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address

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.