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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17759

MAR 10 JUN 17 1940

Registration District No. 4

Primary Registration District No. ~~5007~~ 5007

Registrar's No. 116

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

1. PLACE OF DEATH:

(a) County Adair Pettis Twp

(b) City or town Kirksville (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community Life
years, months or days) 150

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 1205 S. Franklin
(If rural, give location)

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

3. (a) PRINT FULL NAME DOROTHEA GRIM.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Cyra Clarence Grim

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug (Month) 14 (Day) 1873 (Year)

8. AGE: Years 66 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Adair Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife 1

11. Industry or business Home.

FATHER
12. Name Wm F Funcanan
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Maria Seward
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Ezra Grim
(b) Address Kirksville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21/40 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director O. C. Summers
(b) Address Kirksville Mo

19. (a) May 21/40 (Date received local registrar) (b) Spencer L. Meeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1940 hour 11 minute — A.M.

21. I hereby certify that I attended the deceased from May 18, 1940, to May 18, 1940; that I last saw her alive on May 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr.
Due to: Unknown	
Due to: 94 B	
Other conditions (Include 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 J. J. Kimp MD (M. D. or other) 1
Address Kirksville, Mo. Date signed 5-20-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-40-1268
Date Filed JUN 13 1940

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 W. E. Summers

Licensed Embalmer No. 21 59

P. O. Address Rockville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.