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.

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

28244
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton 2 Registration District No. 176
(b) Township Cunningham Primary Registration District No. 5244 Registered No. 7
(c) City Sumner (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
X (e) Length of residence in city or town where death occurred 66 yrs. 8 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 652 Newton Long Grimsley
(a) Residence, No. 2 Sumner, Missouri St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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): Forest Emry Grimsley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 23, 1873
7. AGE: YEARS 66 MONTHS 8 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Section Hand
9. Industry or business in which work was done, as saw mill, bank, etc.: Social security no 702-05-6843
10. Date deceased last worked at this occupation (month and year): /
11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mendon, Missouri 0

FATHER
13. NAME: Benjamin Grimsley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rappahannock, County Virginia 1

MOTHER
15. MAIDEN NAME: Francis Lotdrige
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rappahoannock, County Virginia 1

17. INFORMANT (ADDRESS): Ondlee Crawford Sumner, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakeside Cemetery DATE Aug. 23, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Leipard Funeral Service Sumner, Missouri 625
20. FILED Aug 26, 1940 Pearl Stevens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 21, 1940
22. I HEREBY CERTIFY, That I attended deceased from Aug-1-, 1940, to Aug 20-, 1940
I last saw him alive on Aug 20, 1940 Death is said to have occurred on the date stated above, at 6 05 a m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Liver — Date of onset
46
Other contributory causes of importance: ✓
Name of operation: none Date of ✓
What test confirmed diagnosis? autopsy Was there an autopsy? Yes
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 yes, specify ✓
(Signed) Reuben Barney M. D.
(Address) Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-5-40

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, Howard A. Cooper, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address Sumner, Missouri

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

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