

No. 2
4-13-40
-17-39
K 23189

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1862

State File No.

85

Registration District No.

1001

Primary Registration District No.

92

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 1 day

3. (a) PRINT FULL NAME Carole Diane Grimes

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex 7 5. Color or race W

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

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive 23 years (Day) (Year)

7. Birth date of deceased May 23 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>7</u>	<u>28</u>	hr. min.

9. Birthplace Lock Springs Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business -

12. Name Roy W. Grimes

13. Birthplace Lock Springs Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Dixon

15. Birthplace Lock Springs Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Roy W. Grimes

(b) Address Lock Springs, Mo

17. (a) Burial (b) Date thereof 1-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lock Springs, Mo

18. (a) Signature of funeral director J. B. ...

(b) Address Lock Springs, Mo

19. (a) Jan 21 1941 (b) A. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jayvess

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

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1941 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 21 41
Jan 21, 1941, to Jan 21, 1941
that I last saw her alive on Jan 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia cardiac insufficiency

Due to Bronchial pneumonia

Due to 707

Other conditions 707
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy -

Duration

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? -

While at work? (Specify type of place) -

(e) Means of injury -

23. Signature A. J. ... D. or other jeo

Address St. Joseph Mo Date signed Jan 21 41

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

11
1
7

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.....

Licensed Embalmer No.

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, fact should be so stated above.