DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10844

State File No.

10 APR 28 1941

Registration District No. 384

Primary Registration District No. 0535

Registrar's No.

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.

1. PLACE OF DEATH:

(a) County: Howell

(b) City or town: "Rural" Howell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West Plains, Mo. Siloam Springs Rt.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No. (Specify whether years, months or days)

In this community: 59 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howell

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

(d) Street No.: West Plains, Mo. Siloam Spgs. Rt.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: SUSAN ALZADA GRIMMETT

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Samuel T. Grimmett

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

7. Birth date of deceased: December 31, 1855 (Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 4 If less than one day hr. min.

9. Birthplace: Houston, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business:

MOTHER FATHER

12. Name: Martis Lane

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Juann Jones

15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: W. A. Campbell

(b) Address: West Plains, Mo. Siloam Rt.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 7, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Lone Pine Cem. Howell Twp. Howell Co.

18. (a) Signature of funeral director: Hal Thornburgh

(b) Address: West Plains, Mo.

19. (a) 3-10-14 (Date received local registrar) (b) Vida W. Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1941 hour 8: minute p. M.

21. I hereby certify that I attended the deceased from Aug, 1932, to 3-5-, 1941; that I last saw her alive on March 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Gall-bladder	1 yr.
Due to:	
Due to:	
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: E. C. Dohrer (M. D. or other)

Address: West Plains, Mo. Date signed: 3-10-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 441481
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, ~~or by~~ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Hal Thoumbough

Licensed Embalmer No. 3408

P. O. Address West Plains,

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

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