

FILED MAY 10 1941 50
Registration District No. _____

Primary Registration District No. **3004**

Registrar's No. **29**

1. PLACE OF DEATH:
 (a) County **Bates**
 (b) City or town **Butler Missouri**
 (c) Name of hospital or institution **Butler Memorial Hospital**
 (If not in hospital or institution, write street number or location) **2 weeks**
 (d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Glen Eugene Grimes**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **August 25, 1934**
(Month) (Day) (Year)

8. AGE:	Years 6	Months 7	Days 15	If less than one day hr. _____ min.
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9. Birthplace **Bates Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **student**

11. Industry or business _____

12. Name **Virgil Grimes**

13. Birthplace **Bates Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Niggley**

15. Birthplace **Bates Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil Grimes**

(b) Address **RFD 2 Butler Missouri**

17. (a) **Burial** (b) Date thereof **Apr. 13/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill-Butler Mo.**

18. (a) Signature of funeral director **Booth Funeral Home**

(b) Address **Butler Mo. 53**

19. (a) **April 11 41** (b) **Nina L. Carter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Bates**
 (c) City or town **RFD Butler Missouri**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Shawnee Township**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **10**
year **1941** hour **12 noon** minute _____ M.

21. I hereby certify that I attended the deceased from **March 26**, 1941, to **April 10**, 1941, that I last saw him alive on **April 10**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Streptococci
Empyema
 Due to _____
Septicemia
 Due to **ruptured labor**
Peritonitis

Duration

Other conditions (Include pregnancy within 8 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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **Chas. A. Lusk Jr.** (M. D. or other) **10**
Address **Butler Mo.** Date signed **4/11/41**

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

RECEIVED

District Health Officer No. 7,

District File Number 5-41-809

Date Filed 5-8-41

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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.