

No. 2
1-4-41
-17-39
X2639

State File No. _____

AUG 14 1941

Registration District No. 4-11

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home--1602 Connor Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 Years
In this community 50 Years 11 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 049
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1602 Connor-Nursing Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME Annie Grigsby

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased May 19 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 5 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John M. Farland

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

14. Maiden name Elizabeth

15. Birthplace Madison Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Sue M. Farland

(b) Address Denver, Colorado

17. (a) Burial (b) Date thereof 7-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocheport, Missouri

18. (a) Signature of funeral director Harriet Ltd Co.

(b) Address 212 Joplin, St. Joplin, Mo.

19. (a) 7-24-41 (b) Ed B. Jernicz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from July 23 1941 to July 24 1941
that I last saw her alive on July 23 and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Coronary disease

Due to General Arterio Sclerosis

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Autopsy

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 John M. Farland (M. D. or other)

Address Joplin Mo Date signed 7-24-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

41-8-682

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.....

Sam E. Sencer

Licensed Embalmer No. *4099*

P. O. Address.....

Joplin Mo.

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.