

No. 2
4-41
17-39
X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28945

Registration District No. 409

Primary Registration District No. 4063

Registrar's No. 90

1. PLACE OF DEATH:

(a) County. NEWTON
(b) City or town. NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 314 W. MCKINNEY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community ALL HER LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town. Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA W. GRIMES

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife B.F. GRIMES 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased JANUARY 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 2
If less than one day hr. min.

9. Birthplace NEWTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business.

12. Name STEPHEN Woodcott
13. Birthplace MAINE
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. L. Cunningham
(b) Address Anderson Mo.

17. (a) Burial (b) Date thereof Aug 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton 2609

18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.

19. (a) 8-29-41 (b) Malcolm Salum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1941 hour 11:24 minute a. M.

21. I hereby certify that I attended the deceased from June 29 - 1941
Aug 22 1941 to Aug 22 1941
that I last saw her alive on Aug 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of probably of
prostate & liver with
metastatic lung involvement.
(Circumscribed)
Duration year
a
max

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None
PHYSICIAN H. B. S.
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 R. L. Lawson (M. D. or other) _____
Address Neosho Mo. Date signed 8-28-41

543 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 941-1477

Date Filed SEP 10 1941

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..... *Andrew Fortis*

Licensed Embalmer No. 3649

P. O. Address..... *Newsham, Mo.*

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

If this body is not embalmed, fact should be so stated above.