

FILED FEB 11 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1104 South Osage
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution.....
In this community nine years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 South Osage
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Earnest D. Grinstead

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Maud Grinstead 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. 17, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 5 If less than one day
hr. min.

9. Birthplace Arrow Rock, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation employed as collector of city taxes.

11. Industry or business.....

MOTHER FATHER { 12. Name Jesse Grinstead
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Coats
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Grinstead (wife)
(b) Address 1104 South Osage, Sedalia,

17. (a) Burial (b) Date thereof Jan. 24,
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Point

18. (a) Signature of funeral director Huane Ewing
(b) Address Sedalia, Missouri

19. (a) 1-22-42 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1942 hour 12:30 minute A.M.

21. I hereby certify that I attended the deceased from Oct 23 1941 to 1/21 1942
that I last saw him alive on 1/21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Arterio-sclerosis & hypertension
Duration 5 mo. ±

Other conditions (include pregnancy within 3 months of death) gga
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 J. W. Boger
Address Sedalia Mo. Date signed 1/21/42

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

86
66
f

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-42

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 E. Myers

Licensed Embalmer No. 3720

P. O. Address Sedalia, 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.