

No. 2
4-12-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 155

Registration District No. 547

Primary Registration District No. 3029

64
3
4
RECORDED
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Marion
(a) County
(b) City or town Hannibal
(c) Name of hospital or institution St. Elizabeth
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town New London
(d) Street No. RFD # 2
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Edward Jacob Grisham
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 13 year 1942 hour 6 minute 20 P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from May 1, 1942 to June 13, 1942 that I last saw him alive on June 13, 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased June 1, 1886
8. AGE: Years 56 Months _____ Days 12 If less than one day hr. _____ min. _____

Immediate cause of death Sepsis
Due to Empyema of Lungs
Due to _____

9. Birthplace Marion County Missouri
10. Usual occupation Farmer
11. Industry or business _____

Other conditions Cholelithiasis, multiple abscesses
Major findings: Of operations none
Of autopsy _____

MOTHER FATHER { 12. Name Charles Thomas Grisham
13. Birthplace Missouri
14. Maiden name Julia Slaughter
15. Birthplace Ralls County Missouri

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Albert F. Grisham
(b) Address Hannibal Missouri
17. (a) Burial (b) Date thereof 6/16/42
(c) Place: burial or cremation Antioch

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director W. M. Smith
(b) Address 902 Broadway Hannibal
19. (a) June 18, 1942 (b) M. W. Conner

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature J. P. _____ (M. D. or other) _____
Address _____ Date signed 6/16/42

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..... *James A. Moles*.....

Licensed Embalmer No..... 3296.....

P. O. Address..... Hannibal 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, fact should be so stated above.