

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42378**
Registrar's No. **168**

Registration District No. **19002**

Primary Registration District No. **3021**

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Grundy

(c) Name of hospital or institution:
Wright Memorial Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town Grundy

(d) Street No. 2112 Chicago St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida L. Primes

3. (b) If veteran, name war _____

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 John Primes

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 24 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace: Columbus (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Frances Hunter

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

14. Maiden name Alice Mielia

15. Birthplace Seaboard (City, town, or county) England (State or foreign country)

16. (a) Informant Gladys Krinner

(b) Address 2nd St

17. (a) buried (Burial, cremation, or removal) (b) Date thereof: Oct 2 43
(Month) (Day) (Year)

(c) Place: burial or cremation Hope Grove Burial

18. (a) Signature of funeral director Wain Bond Serv

(b) Address Grundy Mo

19. (a) 12-2-43 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1943 hour 8:30 minute 17 M.

21. I hereby certify that I attended the deceased from Nov 26th 1943 to Nov 30th 1943; that I last saw her alive on Nov 30th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Duration 2 years

Due to Do not know

Due to MI

Other conditions Acute Appendicitis 5 days
(Include pregnancy within 3 months of death)

Major findings: Appendectomy

Of operations Appendectomy

Of autopsy Appendicitis (England)

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 Yes (Specify type of place) _____

23. Signature Wain Bond Serv (M. D. or other) MD
Address Grundy Mo Date signed Nov 2 43

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

MOTHER FATHER

1330

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.....

..... *Museed* Registered Apprentice No.....
working under my personal supervision.

Signed..... *Raymond A. Warrin*
Licensed Embalmer No. *3424*
P.O. Address..... *Trenton, 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.