No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7737

Registration District No. 709 Primary Registration District No. 3043 Registrar's No. 60

1. PLACE OF DEATH:
(a) County MARION
(b) City or town HANNIBAL (If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: St Elizabeth Hos. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 82
(a) State MISSOURI (b) County PIKE
(c) City or town CURRYVILLE (If outside city or town limits, write "RURAL") O
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN GRIMMETT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race COLORED
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGIA GRIMMETT
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased MARCH (Month) 15 (Day) 1885 (Year)

8. AGE: Years 58 Months 10 Days 18 If less than one day hr. min.

9. Birthplace PIKE COUNTY, ASHLEY, MO. O (City, town, or county) (State or foreign country)
10. Usual occupation MINER
11. Industry or business MINER
FATHER
12. Name FRANKLIN GRIMMETT
13. Birthplace PIKE COUNTY, ASHLEY, MO. O (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CLARA SMITH
15. Birthplace PIKE COUNTY, ASHLEY, MO. O (City, town, or county) (State or foreign country)
16. (a) Informant GLEN GRIMMETT
(b) Address VANDALIA, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation CURRYVILLE CEMETERY
18. (a) Signature of funeral director Glen E. Smith
(b) Address Vandalia, Mo.
19. (a) 2-8-44 (Date received local registrar) (b) R W Common (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1944 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma Joint — Duration
Due to
Due to 55
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Sarcoma Joint
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 O
23. Signature J. T. Beuh (M. D. or other)
Address J. T. Bloom M.D. Date signed

1149

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1955

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 Michael J. O'Donnell

Licensed Embalmer No. 32-46

P. O. Address Hannibal 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.