

FILED AUG 16 1944

Registration District No. 297

Primary Registration District No. 4446

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Hardin Mo
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years
In this community 42 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Hardin Mo.
(d) Street No. /
(e) Citizen of foreign country? No.
If yes, name country /

3. (a) PRINT FULL NAMES

(a) Gola Maud Grimes
(b) If veteran Gola. (c) Social Security No. /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1944 hour 17 a.m. minute / M.
21. I hereby certify that I attended the deceased from County coroner
that I last saw him alive on
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
7. Birth date of deceased May-20-1872
(Month) (Day) (Year)

Immediate cause of death coronary occlusion,
Due to arterio-sclerosis

8. AGE: Years 72 Months 2 Days 1 If less than one day /
hr. min.

Due to /
Other conditions (Include pregnancy within 3 months of death) PFA

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

Major findings: /
Of operations /
Of autopsy /

10. Usual occupation Homekeeper.

22. If death was due to external causes, fill in the following:

11. Industry or business /
12. Name Mr. Andrews.
13. Birthplace /
14. Maiden name Alice Martlowe
15. Birthplace Shentuck Ky

(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? /

16. (a) Informant Mr. Marvin Grimes
(b) Address Hardin, Mo

While at work? / (Specify type of place)
(c) Means of injury /

17. (a) Burial (b) Date thereof July 23 1944
(c) Place: burial or cremation Burial 2400 Oak St.

Signature Dr. J. F. Baber coroner
Address Richmond Mo. Date signed 7/22-44

18. (a) Signature of funeral director John W. Kopsch
(b) Address Hardin Mo

19. (a) July 20 44 (b) Mrs. Maud Grimes
(c) Registrar's signature /

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

89
0
5

RECEIVED

District Health Officer NB: 8

District File Number

Date Filed 8-16-44

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 M.R.

Registered Apprentice No.

working under my personal supervision.

Signed John W. Kripschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.