

FILED MAY 8 1945

Registration District No. 180

Primary Registration District No. 5673

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Chain of Rocks MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Monroe Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Chain of Rocks, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME John Anderson Grisham

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grisham 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 17 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Dr. Engineer

12. Name John W. Grisham

13. Birthplace Lucinda Mo. I
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Lora

15. Birthplace Mo. I
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Grisham

(b) Address 7722 Page Ave St Louis Mo

17. (a) Burial (b) Date thereof 3-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Lebanon

18. (a) Signature of funeral director Coronet Und Co

(b) Address 3710 N Grand Blv.

19. (a) 5-3-45 (b) The Supervisor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day Jan
year 1945 hour _____ minute _____

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 (Verdict of Coroner jury)
Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. V. E. Alshoh (M. D. or other) MO.

Address Coronet Und Co Date signed 1/22/45

1155

RECEIVED

District Health Officer No. 9.

District File Number _____

Date Filed 5-7-45

FEB 18 1945

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

Carl E. [Signature]

Licensed Embalmer No. 1578

P. O. Address _____

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.