

FILED MAR 12 1946

Registration District No. **9**

Primary Registration District No. **5257**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Chariton, Yellow Creek Twp.**
(b) City or town **Rothville Rural**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community **4 1/2 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Chariton**
(c) City or town **Rothville - Rural**
(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 **James Sterling Grubbs**

3. (b) If veteran, name war _____ (c) Social Security No. **720-09-1705**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Suzette Edith Morrow** 6. (c) Age of husband or wife if **33** years
7. Birth date of deceased **March 24 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 10 29 hr. min.

9. Birthplace **Chariton Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Sterling Price Grubbs**
13. Birthplace **Chariton Co Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Minnie Green**
15. Birthplace **Chariton Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs James Grubbs**

(b) Address **Rothville Mo**

17. (a) **Burial** (b) Date thereof **Feb 25 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rothville Cemetery**

18. (a) Signature of funeral director **James M. Langley**

(b) Address **Marshall Mo**

19. (a) **Feb. 26 '46** (b) **Martha Clark**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23**
year **1946** hour **2** minute **30 a.** 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 _____
Due to **Coronary Thrombosis Ventral**

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

Major findings:
Of operations **g4w**
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:

(c) 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) (c) Means of injury _____

23. Signature **W. D. West** (M. D. or other) _____
Address **Mendon Mo** Date signed **2/24/46**

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

RECEIVED

District Health Officer No. 8,

District File No. _____

Date Filed

3-8-46

MAR 19 1946

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 Dale Bunch
Licensed Embalmer No. 4088
P. O. Address Marceline 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.