No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED NOV 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36754

State File No.

Registration District No. 132 Primary Registration District No. 5481 Registrar's No.

1. PLACE OF DEATH:

(a) County: Grundy

(b) City or town: Laredo - Rural - Wilson
(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 years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy

(c) City or town: Laredo
(If outside city or town limits, write "RURAL")

(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: Jim Grimes.

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed.

6. (b) Name of husband or wife:

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

7. Birth date of deceased: May (Month) 5 (Day) 1862 (Year)

8. AGE: Years 84 Months 4 Days 28 If less than one day hr. min.

9. Birthplace: Grundy County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Farmer.

11. Industry or business:

FATHER
12. Name: John Grimes
13. Birthplace: (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Katherine Gibson
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Frances Davenport
(b) Address: Laredo Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 5 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Laredo Cemetary

18. (a) Signature of funeral director: E. J. Robertson Funeral Home
(b) Address: Laredo Mo.

19. (a) 10-5-46 (Date received local registrar) (b) Frances Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd. year 1946 hour 12:20 P.M. minute M.

21. I hereby certify that I attended the deceased from Sept. 12, 1946, to Oct. 2, 1946; that I last saw him alive on Oct. 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral Hemorrhage — Duration 23 days

Due to: mitral stenosis — 5 yrs.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: F. S. Fletcher (M. D. or other) D.O.

Address: Laredo, Mo. Date signed 10/4/

115 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.