

S. No. 2
-12-45
5-17-39
I X47070

State File No. 8
Registrar's No. 8

FILED JAN 16 1947

5655

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Miss
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 days
(Specify whether years, months or days)

In this community 75 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town La Plata
(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 Beulah Grigsby

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1947 hour 10 minute 40 a.m.

21. I hereby certify that I attended the deceased from October 19, 1946, to January 1, 1947
that I last saw her alive on January 1, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

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

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

7. Birth date of deceased June 29 1891
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration over 1 yrs

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

55 6 3 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name John Carson Grigsby

13. Birthplace Adair County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Clem

15. Birthplace Adair County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address No State Jan, Mount Vernon Mo

17. (a) Reburial (b) Date thereof Jan 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata, Mo

18. (a) Signature of funeral director N.D. Fesselt

(b) Address mt. Vernon Mo.

19. (a) 1-11-47 (b) EP Hillbeck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 13B

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 0

23. Signature EP Hillbeck M.D. (M. D. or other) _____
Address Mo. State Sanatorium, Mount Vernon Mo. Date signed 1-1-47

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

MOTHER FATHER

154

RECEIVED

District Health Officer No. 6,

District File Number 147-115

Date Filed JAN 14 1947

JAN 30 1947

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 H. D. Fassett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon

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.