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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 13121

Registrar's No. 288

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 2052 North Campbell Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community twelve years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2052 North Cambell 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME EDNA GRIMMETT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Hugh Grimmett

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

7. Birth date of deceased June (Month) 27, (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	8	29	____ hr. ____ min.

9. Birthplace Texas County, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name William Harvey Hubble
13. Birthplace Texas County, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Rosley Grogam
15. Birthplace Texas County, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Iva Perry

(b) Address 2052 North Cambell Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/1947 (Month) (Day) (Year)

(c) Place: burial or cremation Greel Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 3-29-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26m
year 1947 hour 5: minute 40 P.M.

21. I hereby certify that I attended the deceased from Mch 16, 1947, to Mch 26, 1947 that I last saw her alive on Mch 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency	Days
Due to Carcinoma of Breast	Mo.
Due to Carcinomatosis	8 Mo.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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 E Allen Jackson (M. D. or other)

Address Springfield, Mo. Date signed 3/28/47

111

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1948

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 Lee Mason, Registered Apprentice No. 477, working under my personal supervision.

Signed Jesse C. C. Windle

Licensed Embalmer No. 2831

P. O. Address Springfield

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.