DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26442

FILED AUG 1 1947

Registration District No. 1947 Primary Registration District No. 6104 Registrar's No. 41

1. PLACE OF DEATH:
(a) County: SCOTLAND
(b) City or town: RURAL MILLER
(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 85 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: SCOTLAND
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: MILLER TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: JAMES WM GRISTY
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: MALE
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: EMMA CRAIG GRISTY
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Nov. (Month) 28 (Day) 1861 (Year)

8. AGE: Years 85 Months 7 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace: SCOTLAND Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business ____
FATHER
12. Name: CHARLES GRISTY
13. Birthplace: (City, town, or county) KY (State or foreign country)
MOTHER
14. Maiden name: JEANETTE KNISLEY
15. Birthplace: (City, town, or county) ILL (State or foreign country)
16. (a) Informant: Mrs. Glen Hyde
(b) Address: MEMPHIS Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: ST MARYS CEMETERY
18. (a) Signature of funeral director: D. Payne Bone
(b) Address: Memphis, Mo.
19. (a) July 22-47 (Date received local registrar) Mrs. E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11 year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 4, 1947, to June 9, 1947, that I last saw him alive on June 9, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days.
Due to: Arteriosclerosis	years.
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: E. E. Shifflett (M. D. or other) M.D.
Address: Bloomfield, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 1-47-900
JUL 30 1947
Date Filed

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis Th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.