S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 3 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35315

Registration District No. 280 Primary Registration District No. 5964 Registrar's No. 109

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Parkville (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home, Petter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 65 years years, months or days)

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

3. (a) PRINT FULL NAME Anna Bell Grisham
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edwin S. Grisham
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec 8 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	9	11	hr. min.

9. Birthplace Platte City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
FATHER
12. Name Delman Summerfield
13. Birthplace dont Know (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Sarah Hayden
15. Birthplace dont Know (City, town, or county) Mo (State or foreign country)
16. (a) Informant M. Ed. Grisham
(b) Address Parkville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City
18. (a) Signature of funeral director Leland H. Francis
(b) Address Parkville Mo.
19. (a) Oct 24-47 (Date received local registrar) (b) Ophia Rollins (Registrar's signature) 7 SR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1947 hour 2 minute 55 P.M.
21. I hereby certify that I attended the deceased from Apr 18, 1947, to Sept 19, 1947 that I last saw her alive on Sept 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (congestive)	3 days
Due to Appoplexy	7 "
Due to Hypertension	?
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 2
23. Signature T. Clarkbalt (M. D. or other) ec
Address Parkville Mo Date signed 9/20/47

(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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.