S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37839

Registration District No. 132 — Primary Registration District No. 3021 — Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hosp 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community one month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105
(c) City or town Reger (If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? — No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME James Newton Grindstaff
3. (b) If veteran, ~~name war~~ No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White 0
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept. (Month) 19 (Day) 1947 (Year)

8. AGE: Years | Months 1 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Reger (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name NEWTON FARRELL Grindstaff
13. Birthplace Buchanan (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Velma Jean Meers
15. Birthplace CORA (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Newton Grindstaff
(b) Address Reger Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Henry Cemetry
18. (a) Signature of funeral director [illegible]
(b) Address Milan Mo.
19. (a) 10-25-47 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1947 hour 6:00 minute A M.
21. I hereby certify that I attended the deceased from Oct 19 - 1947 to Oct. 24 - 1947 that I last saw him alive on Oct. 23 - 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Icterus of Newborn
Due to
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 0
23. Signature Wm A Fuson (M. D. or other) WD
Address Trenton Mo Date signed 10-24-47

(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.....Dwight Schaeme

Licensed Embalmer No.....2667

P. O. Address.....Milan, 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.