

FILED FEB 3 1948

Registration District No. 442

Primary Registration District No. 1000

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1024 So. 17th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 years  
(Specify whether years, months or days)  
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph  
(If outside city or town limits write "RURAL") 1024 So. 17th  
(d) Street No. 7  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 1948  
year 1948 hour 3, minute 15 A. M.  
21. I hereby certify that I attended the deceased from Jan 23 1948 to Jan 23 1948

3. (a) PRINT FULL NAME Lilly Mae Grimsley  
(b) If veteran. name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
(b) Name of husband or wife Frank Grimsley  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 24 1867  
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 29  
If less than one day hr. min.

9. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

12. Name Unknown Compton  
13. Birthplace Unknown Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Humbolt Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Steve Haskey  
(b) Address St. Joseph, Missouri

17. (a) Buriak (b) Date thereof 1/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter B. Bowers  
(b) Address St. Joseph, Mo.

19. (a) 1-27-48 (b) L. L. Jenkins  
(Date received local registrar) (Registrar's signature) 285

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis Duration

Due to.....  
Due to.....

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

Major findings:  
Of operations.....  
Of autopsy 74A  
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) 3  
Means of injury.....  
23. Signature R. W. Tadlock Coroner 44  
KING HILL ELDG (M. D. or other) 1/23  
Address St. Joseph, Mo Date signed

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

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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.....

William Spalding....., Registered Apprentice No. 28  
working under my personal supervision.

Signed Eugene Wood  
Licensed Embalmer No. 3824  
P. O. Address 319 So 10th, St Joseph, 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, above space should be left blank.**