No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13662

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Bolivar (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East Locust Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Bolivar (If outside city or town limits, write "RURAL")
(d) Street No. East Locust Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME James Granville Grubb
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Kittie Rowland Grubb
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Sept. 8, 1858 (Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Grundy County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Quincy Grubb
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary McGown
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ernest E. Grubb
(b) Address Salt Lake City, Utah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Erwin and Blue
(b) Address Bolivar, Mo.
19. (a) April 8, 1948 (Date received local registrar) (b) Ralph Garden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25, year 1948 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from May, 1947, to March 17, 1948, that I last saw him alive on March 7, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	
Due to Cordio Vascular Renal Disease	
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.

13 10

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 G. D. Smith (M. D.)
Address Bolivar Date signed 4/5/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-48-405
Date Filed 4-16-48

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 James R. Phillips, Registered Apprentice No. 915, working under my personal supervision.

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.