

Registration District No. 192

Primary Registration District No. 5706

Registrar's No. 26

1. PLACE OF DEATH:  
(a) County McDonald  
(b) City or town Rural Anderson Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 1/2 miles East of Anderson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution neither (Specify whether)  
In this community 26 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County McDonald  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 miles East of Anderson (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VIRGIL A. GRISON  
(b) If veteran, name war World War II  
(c) Social Security No. 334-12-3461

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 2<sup>nd</sup>  
year 1948 hour 3 minute 11 M.  
21. I hereby certify that I attended the deceased from July 2-6  
10 75 1948 to July 2-6 1948  
that I last saw him alive on July 2-6 1948  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jackie Lou Grison alive 22 years  
7. Birth date of deceased July 18 1921  
(Month) (Day) (Year)

Immediate cause of death Sudden Cardiac Failure  
Duration \_\_\_\_\_

8. AGE: Years 26 Months 11 Days 14 If less than one day 2 hr. 4 min.

Due to Toxemia  
Due to Sp. D. G. K. Disease

9. Birthplace Joplin Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Parts man

11. Industry or business Auto Supply

12. Name Frank Grison

13. Birthplace Pineville Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Feta Clardy

15. Birthplace Anderson Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jackie Lou Grison  
(b) Address Anderson Mo.

17. (a) Burial (b) Date thereof 7-4-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Mo.

18. (a) Signature of funeral director Tatum Funeral Home  
(b) Address Anderson Mo.

19. (a) 7-8-48 (b) Virginia Buck  
(Date received local registrar) (Registrar's signature) 371

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: HBP  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury L  
23. Signature W. B. D. D. (M.D. or other) W. B. D. D.  
Address Anderson Mo. Date signed 7/3/48

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

2  
43  
39  
37823

JUL 13 1948

JUL 13 1948

JUL 29 1952

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 *me*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *R.E. Cheatham*

Licensed Embalmer No. *3813*

P. O. Address *Anderson, 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.