

1. PLACE OF DEATH:

(a) County MONROE
 (b) City or town PARIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution S. WASHINGTON ST. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 YRS
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MONROE
 (c) City or town PARIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. S. WASHINGTON ST.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6
 year 1948 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 29 1947 to July 11 1948
 that I last saw her alive on July 11 1948
 and that death occurred on the date and your stated above. Duration 45

Immediate cause of death Colonial Myocardial Infarction

Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

PHYSICIAN

Underline the cause of 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? _____ Means of injury _____
 23. Signature Quinn M. Jackson (M. D. or other) _____
 Address PARIS, MO. Date signed 7-7-48

3. (a) PRINT FULL NAME MAMIE A. GRIMES

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife EUGENE GRIMES 6. (c) Age of husband or wife if alive 7 years
 7. Birth date of deceased DEC 26 1864
 (Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JAMES R. JACKSON

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

14. Maiden name ELLEN THOMPSON

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

16. (a) Informant NELLE JACKSON

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof JULY 8 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed Blakey

(b) Address PARIS, MO.

19. (a) 7-7-48 (b) Elbert Baker
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-48-1254

Date Filed JUL 13 1948

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.