

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39891**
Registrar's No. **174**

Registration District No. **132**

Primary Registration District No. **3021**

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

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: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 920 normal
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS JAMES GRUBB
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 5
year 1948 hour 5 minute 50 P.M.
21. I hereby certify that I attended the deceased from Nov 28, 1948 to Dec 5, 1948
that I last saw him alive on Dec 4, 1948
and that death occurred on the date and hour stated above.

4. Sex male **5. Color or race** W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife MARGARET REVETTA GRUBB
6. (c) Age of husband or wife if 74 years
7. Birth date of deceased May 30, 1871
(Month) (Day) (Year)

Immediate cause of death
Diabetes mel.
secondary anemia
accidental fall on his
back. no 26-48
fract. left shoulder
Other conditions numerous large nod
(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 6 Days 5
If less than one day _____ hr. _____ min.
9. Birthplace Grundy Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____ **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation farming
11. Industry or business Agriculture
12. Name Francis Grubb
13. Birthplace Grundy Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name SARAH WOOD WILSON
15. Birthplace Livingston Mo
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Hugh Glesher
(b) Address Trenton, Mo
17. (a) Burial (Burial, cremation, or removal) Buried
(b) Date thereof Dec 8 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Pop & Cemetery Edinburg
18. (a) Signature of funeral director John Blankens
(b) Address Trenton Mo
19. (a) 12-7-48 (Data received local registrar)
(b) Irene Jarr (Registrar's signature)

23. Signature E. G. Duffy (M. D. or other)
Address Trenton Mo **Date signed** Dec 7 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..... J. Gordon Blackmer
Licensed Embalmer No..... 4602
P. O. Address..... Trenton, Missouri

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.