## FEDERAL SECURITY AGENCY National Office of Vital Statistics FIED FFR 1 Registration District No.

Jefferson City Printing Co.

1. PLACE OF DEATH:

## MISSOURI DIVISION OF HEALTH

۱.	wn.	N.o.	10	84

STANDARD CERTI	FICATE OF DEATH  State File No	U84
Primary Registration Dis	etrict No. 4.3.18 Registrar's No	<u> </u>
	2. USUAL RESIDENCE OF DECEASED:	
	(a) State Missouri (b) County Henry	42
'RURAL" and name of township)	(c) City or town Windsor (If outside city or town limits, write 'BURA	כ ני ייד
Iospital	(d) Street No	
est puriber or location) LIVE WEEKS (Specify whether	(e) Citizen of foreign country? NO	ے (Yes or No).
	If yes, name country	
	MEDICAL CERTIFICATION	
ıstead	20. DATE OF DEATH: Month Jan day 25	
3. (c) Social Security No. None	year 1949 hour 5 minute 2	
<del>`</del>	21. I hereby certify that I attended the deceased from	. 23
(a) Single, widowed, married,	19 <b>48.</b> , to	19.79
divorcedSingle	that I last saw hater alive on and that death occurred on the date and hour stated above.	
(c) Age of husband or wife if aliveyears	Immediate cause of death	
12 1868	Matric Hemorphasol Paptic War	1.7
(Day) (Year)		
If less than one day	Due to	
hrmin		//
Missouri/	Due to	
(State or foreign country)	Other conditions	7
etired	Other conditions	
Grinstead ,	Major findings:	PHYSICIAN
	Of operations	Underline
(State or foreign country)		which death
ra	Of autopsy	should be charged sta- tistically.
(State or foreign country)	22. If death was due to external causes, fill in the following:	i usucany.
stead	(a) Accident, suicide, or homicide (specify)	
Missouri	(b) Date of occurrence	,
ate thereof. 1-27-49. (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County)	(State)
dsor. Missour	(d) Did injury occur in or about home, on farm, in industrial place.	in public
ston Turner	(Specify type of place)	Ü
dsor, Missour	While at work? Mean of injury	
R. Kennels	23. Signature (M. D. o-	· / 2/-
(Registrar's signature)	Address Date signe	d /- 26'

(b) City or town. Windsor (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution. Unimumity Hospital (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution. Tive Week's In this community. 50 years (Specify whether years, months or days)  3. (a) PRINT Robert R. Grinstead 3. (b) If veteran, name war. None None None  4. Sex Male race White divorced Single. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years 7. Birth date of deceased March 12 1868 (Month) (Day) (Year)  8. AGE: Years Months Days If less than one day 80 10 13 br. min  9. Birthplace Pettis County Missouri (City, town, or county) (State or foreign country) 10. Usual occupation. Farming-retired 11. Industry or business George W. Grinstead 12. Name George W. Grinstead (City, town, or county) (State or foreign country) 14. Maiden name Susan Sacra (City, town, or county) (State or foreign country) 16. (a) Informant Unknown Kentucky (City, town, or county) (State or foreign country) 16. (a) Informant Tyan Grinstead (b) Address Windsor, Missouri (c) Place: burial or cremation Windsor, Missouri (d) Signature of funeral director.	(a)	) County	H	enry		,	
(c) Name of hospital or institution:  (If not in bospital or institution, write street purpler or logation)  (d) Length of stay: In hospital or institution.  In this community.  50 years  [Specify whether very weeks]  3. (a) PRINT Robert R. Grinstead  3. (b) If veteran, name war.  None  5. Color or race. White divorced. Single.  6. (a) Single, widowed, married, divorced. Single.  6. (b) Name of husband or wife.  6. (c) Age of husband or wife if alive.  7. Birth date of deceased.  March  12 1868  (Month)  9. Birthplace.  Pettis County  (City. town, or county)  10. Usual occupation.  Farming-retired  11. Industry or business.  See Coorge W. Grinstead  12. Name.  George W. Grinstead  13. Birthplace.  Unknown  Kentucky  (City. town, or county)  14. Maiden name.  Susan Sacra  (City. town, or county)  15. Birthplace.  Unknown  (City. town, or county)  16. (a) Informant  Vindsor, Missouri  17. (a) Burial (b) Date thereof. 1-27-49  (Burial, cremation, or removal)  (c) Place: burial or cremation.  Windsor, Missouri  (c) Place: burial or cremation.  Windsor, Missouri			TW.	indso	ŗ	44	******************
(If not in bospital or institution, write street in the result of stay: In hospital or institution.  (d) Length of stay: In hospital or institution.  50 years  In this community.  50 years  (Specify whether read)  3. (a) PRINT Robert R. Grinstead  3. (b) If veteran,  name war.  None   5. Color or  4. Sex. Male  7. Birth date of deceased.  March  (Month)  (Day)  (Year)  8. AGE: Years Months Days If less than one day  80 10 13 hr.  9. Birthplace.  Pettis County  (City. town, or county)  10. Usual occupation.  Farming-retired  11. Industry or business.  (City. town, or county)  12. Name.  Unknown  (City. town, or county)  13. Birthplace.  (City. town, or county)  14. Maiden name.  Susan Sacra  (City. town, or county)  16. (a) Informant.  Ivan Grinstead  (b) Address.  Windsor, Missouri  (c) Place: burial or cremation.  Windsor, Missouri		,	(it ourside ci	ith or town iii	its, write "	BURAL" and na	me of township)
(If no, in hospital or institution, write street number of location)  (d) Length of stay: In hospital or institution			· · · · · ·	ommun :	ity H	ospital	
In this community		(If not	in hospital	or institution	, write street	TVe wee	KS
3. (a) PRINT Robert R. Grinstead 3. (b) If veteran, name war. None None None    Social Security No. None None None None None None None None			5			(	Specify whether
3. (b) If veteran, name war. None None None None    Color or   Scale   Single, widowed, married, divorced Single   Si	In	this commun					
3. (b) If veteran, name war. None None None None    Color or   Scale   Single, widowed, married, divorced Single   Si	-	(a) DDTS					
None    None				rt R.	<u>Grin</u>		
Male race White divorced Single widowed, married, divorced Single  6. (b) Name of husband or wife alive years  7. Birth date of deceased March 12 1868  (Month) (Day) (Year)  8. AGE: Years Months Days If less than one day  80 10 13 br. min  9. Birthplace Pettis County Missouri  (City. town, or county) (State or foreign country)  10. Usual occupation Farming-retired  11. Industry or business George W. Grinstead  12. Name George W. Grinstead  13. Birthplace Unknown Kentucky  (City. town, or county) (State or foreign country)  14. Maiden name Susan Sacra  (City. town, or country) (State or foreign country)  15. Birthplace Unknown Kentucky  (City. town, or country) (State or foreign country)  16. (a) Informant Ivan Grinstead  (b) Address Windsor, Missouri  17. (a) Burial or cremation Windsor, Missouri  (C) Place: burial or cremation Windsor, Missour	3,	(b) If veter.	•				<del>-</del>
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6. (b) Name of husband or wife.  6. (c) Age of husband or wife if alive years  7. Birth date of deceased March 12 1868  8. AGE: Years Months Days If less than one day  8. AGE: Years Months Days If less than one day  9. Birthplace Pettis County Missouri  10. Usual occupation Farming-retired  11. Industry or business George W. Grinstead  12. Name George W. Grinstead  13. Birthplace Unknown Kentucky  14. Maiden name Susan Sacra  15. Birthplace Unknown State or foreign country)  16. (a) Informant Ivan Grinstead  (b) Address Windsor, Missouri  17. (a) Burial (b) Date thereof 1-27-49  (Burial, cremation, or removal)  (c) Place: burial or cremation Windsor, Missour	 I		0   5.			(a) Single, wide	owed, married,
6. (b) Name of husband or wife	4.	SexM	ale	race Wh	ite	divorcedS	ingle
7. Birth date of deceased March (Month) (Day) (Year)  8. AGE: Years Months Days If less than one day  80 10 13 hr. min  9. Birthplace Pettis County Missouri (State or foreign country)  10. Usual occupation Farming-retired  11. Industry or business George W. Grinstead (13. Birthplace Unknown Kentucky (City. town, or country) (State or foreign country)  14. Maiden name Susan Sacra (State or foreign country)  15. Birthplace Unknown Kentucky (City. town, or country) (State or foreign country)  16. (a) Informant Ivan Grinstead (b) Address Windsor, Missouri (Burial, cremation, or removal) (Month) (Day) (Year) (C) Place: burial or cremation Windsor, Missour	6.	(b) Name of	f husband o	r wife	6.		_
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(City, town, or country)  (State or foreign country)  (State or foreign country)  (State or foreign country)  (State or foreign country)  (City, town, or country)  (State or foreign country)	題 /	12. Nаше					
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17. (a) Burial (b) Date thereof 1-27-49 (Burial, cremation, or removal) (Month) (Day) (Year)  (c) Place: burial or cremation		16. (a) Info	ormant	一 エスなげ	·~	Sucau Miccorr	 វ
(c) Place: burial or cremation			!ress				
		(Burisl, er		remova:)		(210010)	(Day) (Year)
18. (a) Signature of funeral director. Association Survey		(a) Di-	sar busists	τ cremation		dsor, M	issour
717					#1-		<i>7</i>
(b) Address Windsor, Wissour					5. HU	MA	urner
(Page received local registrar) (b) (liegistrar's signature)		18. (a) Sign	nature of fu	meral directo	Wind	dsor, M	issour

RESEIVED District Health Officer I

District File Number 12:40

Date Filed \_\_\_ / - 3/- 4/

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.

339/ Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.