

No. 2
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FILED FEB 7 1946

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **31**

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution two days
(Specify whether in this community years, months or days) lifetime in county

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia
 (d) Street No. 1525 East 6th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Abner E. Grinstead
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 30
 year 1946 hour 12:15 minute A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lucy H. Grinstead
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased February 4, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 28
 1946, to Jan 30, 1946
 that I last saw him alive on Jan 29, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 11 Days 26
 If less than one day hr. min.

Immediate cause of death Gunshot perforation of gastric ulcer
 Due to _____
 Due to _____

9. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation auto mechanic

11. Industry or business automobile

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name Thomas B. Grinstead

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

14. Maiden name Elizabeth Ramey

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

16. (a) Informant Mrs. Lucy Grinstead (wife)

(b) Address 1525 East 6th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 1/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longwood Cemetery

18. (a) Signature of funeral director Sharon Ewing

(b) Address Sedalia, Mo.

19. (a) Feb. 1, 1946 (b) A. J. Campbell
(Date received local registrar) (Registrar's signature)

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? Yes (Specify type of place) (e) Means of injury _____

23. Signature J. J. Bishop (M. D. or other) MD.

Address Sedalia, Mo. Date signed 2-1-46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-16-46

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 Duane Ewing

Licensed Embalmer No. 3847

P.O. Address Sedalia 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.