

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14708

Do not use this space.

1. PLACE OF DEATH

(a) County *Grundy*
(b) Township *Trenton*
(c) City *Trenton*
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. *328*
Primary Registration District No. *3017*

Registered No. _____

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *LOWELL FERT GRICE*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 13th 1938*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Adalene Grice*

22. I HEREBY CERTIFY That I attended deceased from *April 13th 1938* to *April 13th 1938*

April 21st 1938, to *April 13th 1938*
I last saw him alive on *April 13th 1938*. Death is said to have occurred on the date stated above, at *8:10 p.m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 12 - 1917*

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 3 1

Acute Cholelithiasis *April 12, 1938*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *3-14-1938*

11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Linn Co. Mo*

Other contributory causes of importance:

Peritonitis (General) April 12, 1938

13. NAME *Lewis E. Grice*

Acute Gangrenous Appendicitis *March 21st 1938*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Linn Co. Mo*

Name of operation *Appendectomy with Drainage* Date *March 21st 1938*

What test confirmed diagnosis? *operative* Was there an autopsy?

15. MAIDEN NAME *Sadie E. Merrick*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Sadie Grice*
(ADDRESS) *Gilman Care, Mo*

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE *Stansview Cem* DATE *4-16 1938*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *Oliver F. Supply*, M. D.

19. FUNERAL DIRECTOR *E. J. Robertson*
(ADDRESS) *Laredo, Mo*

(Signed) *Oliver F. Supply*, M. D.
(Address) *Trenton, Missouri*

20. FILED *4-14 1938 Irene D. Fair*
Local Registrar.

STATEMENT BY LICENSED EMBALMER

I, E. J. Robertson, Licensed Embalmer No. 2468

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. J. Robertson

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed E. J. Robertson
Licensed Embalmer No. 2468

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.)