N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 15 1939

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

30407
Do not use this space.

1. PLACE OF DEATH
(a) County Sullivan — Registration District No. 854
(b) Township Jackson — Primary Registration District No. 6124 — Registered No.
(c) City Milan — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Simon Henry Grundstaff
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha May Grundstaff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1858

7. AGE: Years 80 — Months 6 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co.

FATHER
13. NAME Henry Grundstaff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sarah Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Anna Grundstaff
(ADDRESS) Milan Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton DATE May 11 1939

19. FUNERAL DIRECTOR Hagan & Son
(ADDRESS) Milan Mo.

20. FILED Aug 20, 1939 Leo Hagan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to April 10, 1939, that I last saw him alive on April 8, 1939. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1929

Other contributory causes of importance:
Fracture Rt. Hip 4 wks ago from a fall at home.

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

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.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Milan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-39-1572
Date Filed SEP 8 1939

STATEMENT BY LICENSED EMBALMER

I, [illegible], Licensed Embalmer No. 3782

hereby certify that the body recorded on the reverse side of this certificate was embalmed by [illegible]

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3782

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