DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3386

Registration District No. 686 Primary Registration District No. 4410 Registrar's No. 1

FILED FEB 7 1940

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Curryville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 543

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Curryville (If outside city or town limits, write "RURAL")

(d) Street No. Village (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME America S. Grimwal

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John Grimwalt

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 12 (Month) 1858 (Day) (Year)

8. AGE: Years 81 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Henry Dillard
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Do not know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Claude Grimwalt

(b) Address Curryville

17. (a) (Burial, cremation, or removal) (b) Date thereof Jan 17 (Month) (Day) (Year)

(c) Place: burial or cremation New Hampton Mo

18. (a) Signature of funeral director W S Nates

(b) Address Vandalia Mo

19. (a) 1/17/40 (Date received local registrar) (b) Gene E Hendrix (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1940 hour 8 a.m. minute M.

21. I hereby certify that I attended the deceased from Oct, 1939, to 1/16, 1940 that I last saw her alive on Nov, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insufficiency	yrs
Due to Old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J M Mathews (M. D. or other) PO

Address Bowling Green Mo Date signed 1/18/40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District [illegible] Officer No. 10
District File [illegible] 2-40-322
Date Filed [illegible] FEB 7 1940

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 W B Waters

Licensed Embalmer No. 3525

P. O. Address Vandalia M

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

3886
Do not use this space.

1. PLACE OF DEATH
(a) County Pike — Registration District No. 686
(b) Township — Primary Registration District No. 4410 — Registered No. 1
(c) City Curryville — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME America S Zumwalt
(a) Residence, No. ..... St. ☐ Zumalt
(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 7
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) wid

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	8	4	

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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-7 Lene E Hendrix
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 — 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) T. M. Mathews, M. D.
(Address) Bowling Green Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-338b