

FILED A

Registration District No. **734**

Primary Registration District No. **5968**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:  
R.F.D. #2 Jacksonville Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. R.F.D. #2 Jacksonville Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME LIBBIE M. GRISSOM

8. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alex Grissom 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Nov. - 24 - 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>0</u>	hr. _____ min.

9. Birthplace Randolph Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Chesley K. Brock

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. McCanna

15. Birthplace Randolph Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest Summers

(b) Address R.F.D. #2 Jacksonville Mo.

17. (a) Burial (b) Date thereof July 26 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Salem Mason Co.

18. (a) Signature of funeral director Snow Funeral Home

(b) Address 215 S. 4th St. Wapakoneta Mo.

19. (a) 7-25-40 (b) Jahn Ulrich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24<sup>th</sup>  
year 1940 hour 5:30 minute 42 P.M.

21. I hereby certify that I attended the deceased from September  
\_\_\_\_\_, 1939, to July 26, 1940

that I last saw her alive on July 24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis (True Chronic)

Duration 3 years

Due to Chronic Nephritis 3 years

Due to Cerebral Thrombosis 10 months

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 171

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? N.A.

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 2

23. Signature C.A. Stajewski or other DO

Address Jacksonville, Mo. Date signed July 25, 1940

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

RECEIVED

District Health Officer No. 10

District File Number 8-40-1624

Date Filed AUG 15 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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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, above space should be left blank.