No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29412 8

Registration District No. 721 Primary Registration District No. 5-952 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural - Lincoln Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 Months - 14 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Nelma Grissom
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John H. Grissom
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 14 (Day) 1875 (Year)
8. AGE: Years 65 Months 6 Days 2 If less than one day hr. min.
9. Birthplace Trenton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at Home
11. Industry or business Housework
FATHER
12. Name Thomas C. Boyd
13. Birthplace Mansfield (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Martha Ann Watson
15. Birthplace Bloomfield (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Owen C. Stanton
(b) Address Unionville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18-1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Thompson Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Unionville Mo.
19. (a) Aug 20-1940 (Date received local registrar) (b) Josie D McKinley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 17, 1940 to Aug 16, 1940 that I last saw h. alive on July 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer Stomach	8 mo.
Due to	
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. N. Master (M. D. ~~or other~~)
Address Unionville Date signed 8/17/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1682
Date Filed SEP 5 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 J M Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville, Me

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

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