

No. 2  
4-12-40  
5-17-39  
I X23132

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35975

State File No. \_\_\_\_\_

Registration District No. 65-1

Primary Registration District No. 5862

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Missouri  
(b) City or town Rural - Little Prairie  
(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 2  
In this community 20 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri  
(c) City or town "Rural" Little Prairie  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

DATE OF DEATH: Month 10 day 12  
year 1940 hour 9 minute A M.  
21. I hereby certify that I attended the deceased from Sept 14, 1937 to Oct 12, 1940  
that I last saw him alive on Oct 11, 1940  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Claud Franklin Grigory  
(b) If veteran, name war ✓  
(c) Social Security No. ✓

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased 22 (Day) 1882 (Year)

8. AGE: Years 58 Months 2 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Unknown

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

14. Maiden name Ann Bird

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Charles Grigory

(b) Address Caruthersville

17. (a) Burial (b) Date thereof 10-13-1940  
(c) Place: burial or cremation Little Prairie

18. (a) Signature of funeral director H. Smith

(b) Address Caruthersville  
19. (a) Oct. 14, 1940 (b) Ceda Martin  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Acute Myocardial Failure  
Due to Chronic Diffuse Glomerulonephritis  
Due to Hypertension  
Other conditions (Include pregnancy within 3 months of death) 191  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 4 hrs  
3 yrs  
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?  
5-AT (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature C. O. Astler (M. D. or other) MD  
Address Caruthersville Date signed 10/14/40

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

11-40-7

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 *Noel C. Dixon*

Licensed Embalmer No. *3941*

P. O. Address *Courthorville 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, fact should be so stated above.