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FILED DEC 11 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39111

State File No.

Registration District No. 491

Primary Registration District No. 5656

Registrar's No.

1. PLACE OF DEATH

(a) County Lincoln

(b) City or town Moscow Mills Mo  
(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 2  
(Specify where)

In this community In this community  
years, months or days 24 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Moscow Mills  
(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 ANDREW GRUMES

(b) If veteran, name war no

(c) Social Security No. none

4. Sex male

5. Color or race Colored

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

6. (b) Name of husband or wife Lizzie Grumes

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

7. Birth date of deceased July 7 1940  
(Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>73</u> | <u>4</u> | <u>14</u> | hr. _____ min. _____ |

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Grumes

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

14. Maiden name Larab Dryden

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

16. (a) Informant Lizzie Grumes

(b) Address Moscow Mills Mo

17. (a) Burial (b) Date thereof Nov 24, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tray balanced lign

18. (a) Signature of funeral director Wayne M. Boy

(b) Address Troy Mo

19. (a) Nov 23 (b) Mrs Pearl Muck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1940 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11-20-40  
19\_\_\_\_, to 11-21- 1940

that I last saw him alive on 11-21-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Myocarditis, nephritis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
440  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. S. Harris (M. D. or other) \_\_\_\_\_  
Address Troy Mo Date signed 11-23-40

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

**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.....

Licensed Embalmer No. 3586

P. O. Address Tray Mo.

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

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