

PIN# JAN 22 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44199

Registration District No. 898

Primary Registration District No. 6204

Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rural - E. Dallas
(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 2

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

3. (a) PRINT FULL NAME JOSEPH A. GRIGSBY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 23 year 1940 hour unknown M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 15 1881
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death hanging by the neck until dead

8. AGE: Years 59 Months 9 Days 8 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 165

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

10. Usual occupation Farmer
11. Industry or business _____
12. Name Thomas A. Grigsby
13. Birthplace Genoa
(City, town, or county) (State or foreign country)
14. Maiden name Morris
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Mrs O. M. Yandle
(b) Address Rt. #1 Fairblond Mo
17. (a) Burial (b) Date thereof 12 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cem
18. (a) Signature of funeral director H. H. Kelley
(b) Address Seymour Mo
19. (a) Jan 4 1940 (b) Lester W. Hood
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Oct. 23 1940
(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?
822 on farm
While at work? no (e) Means of injury hanging
23. Signature H. H. Kelley - coroner 5
Address Seymour Mo Date signed 11-9-1940

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

RECEIVED

District Health Officer No. 6,

District File Number 141-59

Date Filed JAN 8 1941

Body was not embalmed.

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.....

P. O. Address.....

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.