S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5788

FILED MAR 14 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 560

18
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Marys Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Carthage Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 321 West 6th St. Hospital 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Toula Grisson

3. (b) If veteran, name war No

3. (c) Social Security No. 490-10-1350

4. Sex fe

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 Feb (Month) 8 (Day) 1888 (Year)

8. AGE: Years 53 | Months — | Days — | If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business same

FATHER
12. Name Oliver Grisson
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sally Whaley
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr Grisson
(b) Address Carthage Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Carthage Mo

18. (a) Signature of funeral director R. E. Shaw
(b) Address 2315 Linwood

19. (a) Feb-9-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th
year 1941 hour 5 minute 45 a. M.

21. I hereby certify that I attended the deceased from 1/21, 1941, to 2/8, 1941;
that I last saw her alive on 2/7, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma liver	unknown
Due to Carcinoma head of Pancreas	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy as above	

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 James R. Jeffery D (M. D. or other)
Address 814 Medical Arts Bldg Kansas Date signed 2/8/41

(Licensed Embalmer's Statement on Reverse Side)

Do McDay

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 Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address 2315 Lin. W

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

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