

No. 2
-17-39
I X2315

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

MAR 14 1941

Registration District No. 138

Primary Registration District No. 4078

1. PLACE OF DEATH: Carroll
 (a) County Carroll
 (b) City or town Norborne
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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

3. (a) PRINT FULL NAME William S. Grider
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth T. Grider 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased 31 (Month) - (Day) 1857 (Year)

8. AGE: Years 84 Months 0 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
 12. Name John Grider
 13. Birthplace X X (City, town, or county) 9 (State or foreign country)
 14. Maiden name Mary Bolina
 15. Birthplace X X (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thomas E. Grider
 (b) Address Norborne, Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-21-1941 (Month) (Day) (Year)
 (c) Place: burial or cremation Fair Haven Cem

18. (a) Signature of funeral director Wells Marshall
 (b) Address Carrollton Mo

19. (a) Feb. 22 1941 (Date received local registrar) (b) B. C. Cole (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Carroll 17
 (c) City or town Norborne Mo 2
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19
 year 1941 hour _____ minute 9 P. M.
 21. I hereby certify that I attended the deceased from 11-2-40
 _____, 19____, to 2-19- 1941

that I last saw him alive on 2-19- 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? Yes

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature B. C. Cole (M. D. or other) D
 Address Norborne Mo Date signed 2-20-41

Physician Wells Marshall
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8
License File No. 3-3-41
Date Filed

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 myself

Registered Apprentice No.

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No.

2525

P. O. Address

Carrollton, 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.