DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7481

MAR 30 1941

Registration District No. 504 Primary Registration District No. 4307 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Purdin
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Purdin
(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.? 6 years.

3. (a) PRINT FULL NAME Charles I. Grice
3. (b) If veteran, name war XXXXXXX
3. (c) Social Security No. XXXXX
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife XXXXXXXX
6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased August (Month) 7 (Day) 1861 (Year)

8. AGE: Years 79 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Mason County (City, town, or county) W. Virginia (State or foreign country)
10. Usual occupation Retired
11. Industry or business XXXXXXXX
FATHER
12. Name John F. Grice
13. Birthplace XXXXXXXX (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Sarah
15. Birthplace XXXXXXXX (City, town, or county) Virginia (State or foreign country)
16. (a) Informant's own signature Charles I. Grice
(b) Address Purdin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Purdin Cemetery
18. (a) Signature of funeral director Thorne Auth. Co.
(b) Address Linneus, Missouri
19. (a) Feb - 5-41 (Date received local registrar) (b) U C Dryden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd year 1941 hour 9 minute a. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia -	3 days
Due to Influenza -	
Due to Myocardial degeneration	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. R. Dryden (M. D. or other)
Address Linneus, Missouri Date signed 3/4/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 (Rev. 1 X16511)

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 Dorr A. Taylor,

Licensed Embalmer No. 3761

P. O. Address Linneus, 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, above space should be left blank.