

FILED MAY 7 1941

Registration District No. **416**

Primary Registration District No. **4248**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Sarcoxis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 13 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Sarcoxis  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24  
year 1941 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from March  
21 - 1941 to April 23 - 1941,  
that I last saw her alive on April 23 - 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cause of death involving burn  
abdominal contents.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Nora B. Grubb

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Warren Grubb 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased July 13 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 11  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sarcoxis 0 Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Louis Osborne

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

14. Maiden name Margaret

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

16. (a) Informant Mr. Lyle Grubb

(b) Address Chicotah Okla

17. (a) Burial (b) Date thereof 4/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxis Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxis, Mo

19. (a) 4/26-41 (b) Missouri  
(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) \_\_\_\_\_  
(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? \_\_\_\_\_

945 (Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Sarcoxis Mo Date signed 4-26-41

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

41-5-418

**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.....

*George B. Quinn*

Licensed Embalmer No. *946*

P. O. Address. *794 Vernon 796*

**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.**