

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County new modied  
(b) City or town New Modied Tenn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether  
In this community 1 year - 14 days  
years, months or days)

3. (a) PRINT FULL NAME Mary Grimes  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife No  
6. (c) Age of husband or wife if alive No years  
7. Birth date of deceased may 14 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 0 14 hr. min.

9. Birthplace new modied Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business No

12. Name Ed Grimes  
13. Birthplace Savannah Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Gladies Beckman  
15. Birthplace Clifton Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Grimes

(b) Address Matthews mo R #1

17. (a) Matthews burial (b) Date thereof april 29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews mo

18. (a) Signature of funeral director F. A. Richards Jr

(b) Address New Modied mo

19. (a) 5/19/41 (b) Wm O Barron  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County new modied  
(c) City or town Matthews mo R #1  
(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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1941 hour 6:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from April 20, 1941, to April 28, 1941;  
that I last saw her alive on April 28, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to Bronchial Pneumonia  
Secquid to meane.  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 35

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?  
533 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature W. L. Dyer (M. D. or other) D  
Address New Modied mo Date signed \_\_\_\_\_

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

---

---

**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, above space should be left blank.**