No. 2
0-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 23 1941

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5131

State File No. 37907

Registrar's No. 469

1. PLACE OF DEATH:

(a) County: BUTLER CO (Twp)

(b) City or town: RURAL (Township)
(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: 22 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: BUTLER 12

(c) City or town: RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 8 MI So. POPLAR BLUFF MO
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: BENJAMIN RILEY GRISHAM

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: DEC (Month) 3 (Day) 1853 (Year)

8. AGE: Years 88 | Months — | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: MONTGOMERY Co (City, town, or county) MO (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business:

FATHER
12. Name: David Grisham
13. Birthplace: (City, town, or county) PA (State or foreign country)

MOTHER
14. Maiden name: Sarah Ann Bess
15. Birthplace: (City, town, or county) PA (State or foreign country)

16. (a) Informant: Wm Grisham
(b) Address: RFD 5 Poplar Bluff Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Dec 10-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: BLACK CREEK CEM

18. (a) Signature of funeral director: N.G. Phillips
(b) Address: Poplar Bluff Mo

19. (a) 12-9-41 (Date received local registrar) (b) Leslie Simms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 8
year: 1941 hour: 7 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Dec 3, 1941, to Dec 8, 1941; that I last saw him alive on Dec 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio Pneumonia	5 or 6 days
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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: 0

23. Signature: Lee Harwell (M. D. or other)
Address: Poplar Bluff Mo Date signed: 12/9/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1241-1691
Date Filed 12-26-41

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 M. P. Phelps

Licensed Embalmer No. 3231

P. O. Address Popular Bluff Mo.

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, fact should be so stated above.