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13-40
7-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38200

ALSO DEC 3 1941

State File No. _____

Registration District No. 248

Primary Registration District No. 6336

Registrar's No. _____

1. PLACE OF DEATH: Dallas

(a) County Rural ~~Buffalo~~ Jackson

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Red Top Mo. 1
(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) 8 months

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30

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

(d) Street No. Red Top Mo (If rural, give location) 0

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12
year 1941 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 10-21-41
_____, 19____, to 11-12-, 1941;

that I last saw him alive on 11-10-41, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: C.A. upper left jaw
fracture & paraly

Duration 70

Other conditions (Include pregnancy within 3 months of death):
Mitral Regurgitation HSD

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN GT
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME SILAS R. GRISPIN

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 married

6. (b) Name of husband or wife Carrie E. Grispin 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 24 (Month) 25 (Day) 1882 (Year)

8. AGE: Years 59 Months 8 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Michael W. Grispin

13. Birthplace Zapelle Co Ohio (City, town, or county) (State or foreign country)

14. Maiden name Aliza E White

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

16. (a) Informant Carrie E. Grispin

(b) Address Buffalo Mo

17. (a) Richmond Mo (b) Date thereof Nov-14-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond

18. (a) Signature of funeral director [Signature] (b) Address Buffalo Mo

19. (a) 11-26-1941 (b) Mrs J. N. Sheumaker (Date received local registrar) (Registrar's signature)

220

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DEC 23 1941

RECEIVED

District Health Officer No. 7

District File Number 12-41-1939

Date Filed 12-1-41

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

Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.