

FILED FEB 18 1942

Registration District No. 326

Primary Registration District No. 4196

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Spickard Mo
(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)
In this community 83-4-3 years, months or days (Specify whether)

8. (a) PRINT FULL NAME Grace Washington Palston

8. (b) If veteran, name war _____ 8. (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 Christena Palston 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug 31 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation General Labor

MOTHER FATHER

12. Name James Palston

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

14. Maiden name Jane Brisson

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

16. (a) Informant Mrs. Fred Prouder

(b) Address Spickard Mo

17. (a) Burial (b) Date thereof Jan 6 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Am Church Mo

18. (a) Signature of funeral director Paul Schaefer

(b) Address Spickard Mo

19. (a) 1-6-42 (b) Ma Wilder Vaughn (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy
(c) City or town Spickard (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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1942 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 8 1942 to Jan 9 1942 that I last saw him alive on Jan 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart Disease Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations _____

Of autopsy no.

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature C. E. McClaugherty (M. D. or other)

Address Spickard Mo Date signed 1-6-42

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

40
0
0

40
0
0

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..... *Ross Wiso*

Licensed Embalmer No. 3771

P. O. Address, *Spickard 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.