. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18301

State File No.

Registration District No. 318 448

Primary Registration District No. 5611

Registrar's No.

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

53
0
0

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: US HIGHWAY 66 3 (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 PASSING THROUGH

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GREENE 39 2

(c) City or town SPRINGFIELD 6 (If outside city or town limits, write "RURAL")

(d) Street No. 712 E ELM ST (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PATTI GRUBBS SWAIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife R.J. SWAIN

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased JULY (Month) 17TH (Day) 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
27	9	28	15 hr. min.

9. Birthplace SPRINGFIELD GREENE CO. MO (City, town, or county) (State or foreign country)

10. Usual occupation SECRETARY

11. Industry or business HARDWARE

FATHER
12. Name EVERETT S GRUBBS.
13. Birthplace LAGRANGE-LEWIS CO- MO 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name WILLEY CHANEY GRUBBS (DECEASED)
15. Birthplace NEAR DODGE CITY KANSAS 1 (City, town, or county) (State or foreign country)

16. (a) Informant FATHER - E.S. GRUBBS

(b) Address 712 E. ELM. ST. SPRINGFIELD MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5 (Month) 26 (Day) 42 (Year)

(c) Place: burial or cremation SPRINGFIELD MO

18. (a) Signature of funeral director HERMAN LOHMEYER

(b) Address SPRINGFIELD MO

19. (a) May 27-42 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1942 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death FRACTURED SCULL

Due to AUTO WRECK

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.

170 e-8
22

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT 053

(b) Date of occurrence MAY 25 1942

(c) Where did injury occur? LACLEDE MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ON U.S. HIGHWAY # 66 (Specify type of place)

While at work? NO (e) Means of injury

23. Signature James D Stanton (M.D. or other) Coroner

Address Lebanon Mo. Date signed 5-27-42

1090 (Licensed Embalmer's Statement on Reverse Side)

#P

RECEIVED

~~District Health Officer~~ No.

~~District~~ File Number 6-42-88

Date Filed 6-10-42

JUL 27 1942

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 Allyn Detherage, Registered Apprentice No. 294, working under my personal supervision.

Signed R A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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, fact should be so stated above.