

FILED JUN 26 1942 29

Registration District No. _____

Primary Registration District No. 4021

Registrar's No. 40

005
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville Rural
(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 10 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5

(c) City or town Washburn Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Colonel Ralph Grimes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 28 1922
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1942 hour 11:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 5 1942 to June 5 1942
that I last saw him alive on June 5 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
19 6 7 hr. _____ min.

9. Birthplace Garfield Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Grimes

13. Birthplace Garfield Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name Eric Scott Grimes

15. Birthplace Garfield Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eric Grimes
(b) Address Washburn Mo.

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) June 8 1942 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

Immediate cause of death Brain hemorrhage Duration 30 min

Due to Car wreck

Due to _____

Other conditions (Include frequency within 3 months of death) 170 g/s

Major findings: James F. Jackson M.D. PHYSICIAN
Of operations _____

Of autopsy _____

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) accident 5

(b) Date of occurrence June 5, 1942

(c) Where did injury occur? Cassville Barry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HH highway

While at work? no (Specify type of place) (e) Means of injury car wreck

23. Signature James F. Jackson (M. D. or other) D.
Address Cassville, Mo Date signed 6-6-42

RECEIVED

District Health Officer No. 6,

District File Number 642-897

Date Filed JUN 24 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John E. Myers

Licensed Embalmer No.

3220

P. O. Address

Cassville, 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.