

FILED OCT 10 1942

Registration District No. 47

Primary Registration District No. 3008

14
1
2

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 415 East Second
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BETTY LOUISE GRIMM

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 Oct. 14 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 10 26 hr. min.

9. Birthplace Fulton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Minor

12. Name Clyde Grimm

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

14. Maiden name Louise Scott

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

16. (a) Informant Mrs. Lucille Grimm

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 9/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Shelby Wallace

(b) Address Fulton, Missouri

19. (a) 9-12-42 (b) James M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 10
year 1942 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from 9/9 1942 to 9/10 1942
that I last saw her alive on 9/10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of skull
Duration 1 day

Due to fall from bicycle

Due to _____

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

Major findings: Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) accident 014

(b) Date of occurrence 9/9/42

(c) Where did injury occur? Fulton, Callaway, Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury fall from bicycle

23. Signature Denny W. ... (M. D. or other) h.D.
Address Fulton, Mo. Date signed 9/11/42

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.....

Albert E. White

Licensed Embalmer No.....

4168

P. O. Address.....

Fulton, 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.