

No. 2
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202-159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30054

State File No. _____

Registration District No. 59

Primary Registration District No. 4098

Registrar's No. 140

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Beltan

(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 life years, months or days

3. (a) PRINT FULL NAME CHARLEY FARLOW GRIMES

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 Etta S. Grimes

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 4 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 7 0 hr. min.

9. Birthplace Ross Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stockman

11. Industry or business Farm

12. Name Henry H. Grimes

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

14. Maiden name Etta S. Grimes

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

16. (a) Informant Mrs. E. P. Grimes

(b) Address Beltan, Mo.

17. (a) Burial (b) Date thereof Oct 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beltan, Mo.

18. (a) Signature of funeral director E. R. Georger Sons

(b) Address Beltan, Mo.

19. (a) Oct 8, 1942 (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

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

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1942 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from Dec 1940 to Oct 4 1942
that I last saw him alive on Oct 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 3 days Duration

Due to Myocardosis yes

Due to Arteriosclerosis ?

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

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
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) _____

(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)
(e) Means of injury _____

23. Signature R. M. Walcke (M. D. or other) MD

Address Beltan, Mo. Date signed Oct 5 42

V E V

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..... *A. K. Geomp*.....

Licensed Embalmer No. *3645*.....

P. O. Address *Grandview, 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.

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9298

STANDARD CERTIFICATE OF DEATH

State File No. 30054

Registration District No. 59

Primary Registration District No. 4098

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Beltan
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

3. (a) PRINT FULL NAME Charley Faison Grime

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 m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased mar (Month) 4 (Day) 1942 (Year)

8. AGE: Years 74 Months 7 Days _____ (if less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1942 hour _____ minute _____ M.

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

Immediate cause of death myocardium
neumonia (bronchial) Duration 3 days

Due to myocardium 2 yrs

Due to arteriosclerosis ?

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

Major findings: 93e

Of operations _____

Of autopsy _____

PHYSICIAN _____
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) _____

(b) Date of occurrence _____

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

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

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

23. Signature R M Miller (M. D. or other) MD

Address Beltan, Mo Date signed _____

SUPPLEMENTARY

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

30054