

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33788

State File No. _____

Registration District No. 132

Primary Registration District No. 5476

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 1
(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 Mo (b) County Grundy

(c) City or town Indall
(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 JOEL DEWITT GRIM

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1942 hour 4 minute 30 PM

4. Sex male 5. Color or Grace White

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

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

7. Birth date of deceased April 18 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1942 to Sept 30 1942
that I last saw him alive on Sept 29 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>5</u>	<u>12</u>	_____ hr. _____ min.

Immediate cause of death Chronic intercurrent nephritis + arterio sclerosis

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) 131a

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Salomon Grim

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

14. Maiden name Mary Clem

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

16. (a) Informant Mrs Roy Wallace

(b) Address Indall Mo

17. (a) Burial (b) Date thereof Oct 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Evans Cemetery

18. (a) Signature of funeral director DR Payne

(b) Address Galt Mo

19. (a) 10-2-42 (b) Nada Hoffmann
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____

Address Indall Mo Date signed 10/1/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

PK Payne Jr

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.