

FILED OCT 22 1942

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(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)

3. (a) PRINT FULL NAME Charles Grisham

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 Single

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

7. Birth date of deceased September 1, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 hr. 30 min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Charles T. Grisham

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

14. Maiden name Letha Allen

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

16. (a) Informant Charles T. Grisham

(b) Address R R # 2 New London

17. (a) Burial (b) Date thereof 9/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director Wm. M. Smith
(b) Address 902 Broadway Hannibal

19. (a) 9-9-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL.")
(d) Street No. R. R. # 2
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 1
year 1942 hour 9 minute 00 P.M.

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

Immediate cause of death.....
Pneumonia
6 hrs

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 [Address] Date signed 9-5-42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1146

