

U. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15055

State File No.

77
00
0
FILED APR 30 1948 264

Registration District No. 264

Primary Registration District No. 5891

Registrar's No. 6

1. PLACE OF DEATH Ozark

(a) County Rural-Bridges *Miss*

(b) City or town (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 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

(c) City or town Gainesville-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)

If yes, name country.

3. (a) PRINT FULL NAME Effie Frances Grisham

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

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

6. (b) Name of husband or wife Charles R. Grisham 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased April 6 1883 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	11	19	hr. min.

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

10. Usual occupation. Housewife own home

11. Industry or business. Housewife own home

12. Name Newton Blacksher

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

14. Maiden name Lucinda Hughes 15. Birthplace unknown Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Baxter (b) Address Gainesville Missouri

17. (a) Burial (b) Date thereof 3-28-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Gainesville Cemetery

18. (a) Signature of funeral director Clingingbeard Tom Home (b) Address Gainesville, Missouri

19. (a) 3-28-43 (b) Margaret Hutchison (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from June 15 19 43 to March 26 19 43 that I last saw her alive on March 26 1943; and that death occurred on the date and hour stated above.

Immediate cause of death. Gastroenteritis

Due to Food poisoning Eating of warmed over chicken

Due to

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

Major findings: Of operations 1200 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?

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

23. Signature M. J. Noerman D.O.

Address Gainesville, Missouri Date signed 3/28/

Duration

5 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

1008 (Licensed Embalmer's Statement on Reverse Side)

1943

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

RECEIVED

District Health Officer No. 6,

District File Number 443-511

Date Filed 4-29-43

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 W.B. Litchison.....

Licensed Embalmer No. 3731.....

P. O. Address Gainesville 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.