

FILED JUN 14 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:  
1205 S. Franklin  
(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 time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 1205 S. Franklin  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ezra Clarence Grim

3. (b) If veteran, name war World War I

3. (c) Social Security No. 490-10-6835

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th  
year 1943 hour 4 minute 45 A. M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Dorothea (Foncanon) Grim

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

7. Birth date of deceased January 5, 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 22 1943 to May 26 1943;  
that I last saw him alive on May 25, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>4</u>	<u>16</u> hr. _____ min.

Immediate cause of death Cerebral embolism Duration 10 yrs

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

Due to Cerebral Arterial disease

10. Usual occupation Physician & Surgeon

Due to Not known

11. Industry or business Farming

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

12. Name George W. Grim

Major findings: 61  
Of operations \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

14. Maiden name Anna Weaver

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

16. (a) Informant Sarah Grim Wimp

(b) Address Kirksville, Missouri

17. (a) burial (b) Date thereof 5/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Sumner Powell

(b) Address Kirksville Mo

19. (a) 5/28/43 (b) Mrs. J. L. Duquesne  
(Date received from registrar) (Registrar's signature)

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 E. S. Smith (M. D. or other) \_\_\_\_\_

Address Kirksville Mo Date signed 5/28/43

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

JUN 1 2 1943

OCT 29 1953

RECEIVED

District Health Officer No. 10

District File Number 6-43-1297

Date Filed JUN 11 1943

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. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville, 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.