

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26286

State File No.

FILED JUL 26 1943

Registration District No. 33.3

Primary Registration District No. 3074

Registrar's No.

00
5
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(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 20 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston
(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 0

3. (a) PRINT FULL NAME MAGGIE LEE GRISSOM

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Henry Grissom 6. (c) Age of husband or wife if alive. years
X7. Birth date of deceased Sept. 9 1924
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days - If less than one day hr. min.

9. Birthplace Benton County Tenn.!
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.

MOTHER FATHER
X 12. Name Frank Wright
X 13. Birthplace Benton County, Tenn.!
(City, town, or county) (State or foreign country)
X 14. Maiden name Unknown
X 15. Birthplace Unknown Tenn.!
(City, town, or county) (State or foreign country)

16. (a) Informant P.E. Crawford

(b) Address Sikeston Missouri

17. (a) Burial + removal (b) Date thereof 6-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pollard Arkansas

18. (a) Signature of funeral director Welch Funeral Home

(b) Address Sikeston Missouri

19. (a) 7-3-43 (b) Louis Laquib
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1943 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 1941 to June 8 1943
that I last saw her alive on 6/7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to.

Due to.

Other conditions Chronic Cholelithiasis 2 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations. 938
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?

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

While at work?

23. Signature W. H. Hendig (M. D. or other)

Address Sikeston Mo Date signed 6-7-43

1318

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 743-860

Date Filed 7-19-48

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 Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Sikeston Missouri

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.