

FILED SEP 1943

Registration District No. 25

Primary Registration District No. 4036

1. PLACE OF DEATH: **Bates**
 (a) County **Rich Hill Missouri**
 (b) City or town **Rich Hill Missouri**
 (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..... (Specify whether
 In this community **43 years** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Bates**
 (c) City or town **Rich Hill Missouri**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **South 4th Street RR#3**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **George C. Grimm**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **June 23 1883**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 11 hr. min.

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

10. Usual occupation **Coal Miner**

11. Industry or business

12. Name **Lafe Grimm**

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

14. Maiden name **Anna Dalton**

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

16. (a) Informant **Rodney Grimm**

(b) Address **Butler Missouri**

17. (a) **Burial** (b) Date thereof **8-7-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Booth Service**

(b) Address **Rich Hill Mo**

19. (a) **Aug 6 43** (b) **Mrs. Edna Douglas**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4th**
 year **1943** hour **11** minute **10P.M.**

21. I hereby certify that I attended the deceased from **Aug 17**
 19**43** to **Aug 4** 19**43**

that I last saw him alive on **July 29** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Failure of face & neck

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) Means of injury.....

23. Signature **Edna Douglas** (M. D. or other)

Address **Rich Hill Mo** Date signed **8-7-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number

8-43-896

Date Filed

9-7-43

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

John J. Henderson
Licensed Embalmer No. 3580
P. O. Address *Butler Ind*

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.