

FILED AUG 24 1943

93

4155

Registration District No. **93** Primary Registration District No. **4155**

1. PLACE OF DEATH:
(a) County **Dade**
(b) City or town **Everton, Missouri**
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether)
In this community **Several years** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Dade**
(c) City or town **Everton, Missouri**
(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 **Caledonia Grisham**
(b) If veteran, name war **me** (c) Social Security No. **me**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **27** year **1943** hour **2** minute **20** P.M.
21. I hereby certify that I attended the deceased from **MAY 15**, 19**43**, to **July 26**, 19**43**; that I last saw her alive on **July 26**, 19**43**; and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, widowed **2**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 8 1855**
(Month) (Day) (Year)

Immediate cause of death **CEREBRAL HEMORRHAGE**

8. AGE: Years **87** Months **11** Days **19** If less than one day _____ hr. _____ min.

Due to **ARTERIO SCLEROSIS**

9. Birthplace **Charlotte North Carolina**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **83 N**

10. Usual occupation **House wife**

Major findings: Of operations _____

11. Industry or business **General housekeeping**

Of autopsy _____

12. Name **Rev. Iseak Perch**

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

14. Maiden name **Temperance James**

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

16. (a) Informant **Oliver Grisham**
(b) Address **Everton, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 29, 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **Liberty Cemetery**

18. (a) Signature of funeral director **Walter Brown**
(b) Address **Walter Brown, No. 7-29-43**
19. (a) **7-29-43** (Date received local registrar) (b) **Phyllis Lack** (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 **2**
23. Signature **A. F. Stearns** (M.D. or other) **DO.**
Address **Everton, Mo.** Date signed **7/29/43**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 843-925

Date Filed AUG 20 1948

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 Gene A. Dorr

Licensed Embalmer No. 7664

P. O. Address Walnut Grove 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.