

FILED OCT 13 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 3025

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution:
Christa Hogan Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Fulton 999

(c) City or town Viola 3
(If outside city or town limits, write "RURAL.") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Amanda M. Grisso

3. (b) If veteran, name war _____

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1943 hour 3 minute 25 P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George A. Grisso
alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased Aug 20th 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 11 1943 to August 21 1943
that I last saw HE alive on August 21 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months - Days 1
If less than one day _____ hr. _____ min.

Immediate cause of death Cancer of Stomach

Due to _____

Due to _____

9. Birthplace Viola Arkansas
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER {

12. Name Nicholas P. Stone

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

14. Maiden name Sarah J. Franks

15. Birthplace Izard County Arkansas
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant A. P. Stone

(b) Address West Plains, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calm Cem.

18. (a) Signature of funeral director Leo Dan Thayer, Mo.

(b) Address _____

19. (a) 9-10-43 (Date received local registration)

(b) Neil Vailley (Registrar's signature)

23. Signature Neil Vailley (M. D. or other) _____

Address West Plains, Mo. Date signed 9/5/43

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

46
1

1123

Hogan.

RECEIVED

District Health Officer No. 5,

District File Number 1043613

Date Filed 10-9-43

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.