

S. No. 2
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5-17-43
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Subjecty
38522

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 18 1943

Registration District No. 169

Primary Registration District No. 4260

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Paris
(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 Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox 52

(c) City or town Paris
(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 Laura F. Grill

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1943 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from June 1943 Oct 19 1943 that I last saw him alive on Oct 17 1943 and that death occurred on the date and hour stated above.

5. Color or race W

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

6. (b) Name of husband or wife Harry H. Grill

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Mar 26 1873
(Month) (Day) (Year)

Immediate cause of death Congestive heart failure Duration 4 hrs

Due to Septicemia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93rd

8. AGE: Years 70 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Scotland Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Forrester

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

14. Maiden name Fuella Fowler

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

16. (a) Informant Harry H. Grill

(b) Address Paris Mo

17. (a) Burial (b) Date thereof Oct 21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenburg

18. (a) Signature of funeral director W. H. Baskett

(b) Address Memphis Mo

19. (a) Nov 6 1943 (b) D. L. Northcutt
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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? _____ (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 _____

Signature H. G. Delaney (M. D. or other) DO

Address Paris Mo Date signed 10/19/43

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

1000

1142 (Licensed Embalmer's Statement on Reverse Side)

MAY 19 1943

RECEIVED

District Health Officer No: 10

District File Number 11-481836

Date Filed NOV 16 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 Fred L. G. A.

Licensed Embalmer No. 4256

P. O. Address Memphis TN

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.