

No. 2
-5-42
-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41846

State File No.

FILED JAN 10 1944
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 422

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
So. E. Mo. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether In this community nda years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Near Patton, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Amelia Grindstaff

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 Married

6. (b) Name of husband or wife Thomas L. Grindstaff 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 25 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation Hwf.

11. Industry or business _____

12. Name Henry Fadler

13. Birthplace Bollinger Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Louiza Yamnitz

15. Birthplace Bollinger Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Grindstaff
(b) Address Patton Mo

17. (a) Burial (b) Date thereof 12-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J.C. Smith

19. (a) 1-4-44 (b) F.H. Phelps
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th
year 1943 hour 10.00 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-18- 1943, to 12-24- 1943;
that I last saw h. ed alive on 12-24- 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia
Dysphoid
Complicated with
empholites

Due to _____

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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)
(e) Means of injury 0

23. Signature Albert M. Baker, M.D.
J. Johnson Date signed 12-31-43

1014

(Licensed Embalmer's Statement on Reverse Side)

mo

RECEIVED

District Health Officer No. 4
District File Number 144-3194
Date Filed 1-7-44

DEC 1 1945

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 J. E. Graham

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.