

No. 2
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-17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11629

State File No. _____
Registrar's No. 52

Registration District No. 207 Primary Registration District No. 1813

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (Rural - Folkway)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nodaway County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether infirmary)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville (Rural) 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles west 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Grimsley
(b) If veteran, name war no
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23
year 1944 hour 7 minute 45

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, single
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Jan 1 1944 to March 23 1944
that I last saw him alive on Mar 22 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased August 13, 1862
(Month) (Day) (Year)
8. AGE: Years 81 Months 7 Days 10
If less than one day _____ hr. _____ min.

Immediate cause of death Diabetes
gangrene
Due to Diabetes Mellitus
Duration 8.5

9. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation farmer
11. Industry or business _____
12. Name Wm. Grimsley
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Edith Barber
15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Chas. Grimsley
(b) Address Suitman Mo.
17. (a) burial (b) Date thereof 3-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ohio cemetery

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? _____

18. (a) Signature of funeral director _____
(b) Address Manville Mo
19. (a) March-24-44 (b) Amy Barber
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed 3/23/44

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

1369

(Licensed Embalmer's Statement on Reverse Side)

*Cross
Family*

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 *W. M. Lee*

Licensed Embalmer No. *2539*

P. O. Address *Manville, 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.