

No. 2  
M-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12347

Registration District No. 381 Primary Registration District No. 6178 Registrar's No.

1. PLACE OF DEATH:  
(a) County Sullivan  
(b) City or town Reger, Mo. 10111111  
(c) Name of hospital or institution: 1  
(d) Length of stay: In hospital or institution 27 years  
In this community 27 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Sullivan  
(c) City or town Reger  
(d) Street No. Duran Twp.  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Isaac Grant Grindstaff  
(b) If veteran, name war No (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 22 year 1944 hour 2 minutes 50 P.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced  
7. Birth date of deceased December 25, 1866

21. I hereby certify that I attended the deceased from 1941 to March 22, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 2 Days 27

Immediate cause of death Senility

9. Birthplace Putnam Co. Mo. 10  
10. Usual occupation Farmer retired

Duration 70  
Other conditions 1628

11. Industry or business  
12. Name Cain Grindstaff  
13. Birthplace Missouri  
14. Maiden name Mary Pearson  
15. Birthplace Missouri

PHYSICIAN  
Major findings: Of operations  
Of autopsy

16. (a) Informant Mrs. Isaac G. Grindstaff  
(b) Address Milan, Mo.  
17. (a) Burial (b) Date thereof March 25, 1944  
(c) Place: burial or cremation Henry Camp Reger, Mo.  
18. (a) Signature of funeral director F. D. Schone  
(b) Address Milan, Mo.  
19. (a) Date received local registrar April 8-1944 (b) Registrar's signature Mrs. L. D. Green

If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
Where did injury occur?  
Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work (Specify type of place) (c) Means of injury  
23. Signature Date signed 3-23-44

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

15  
0  
0

1190

RECEIVED

District Health Officer No. 10

District File No. APR 7-44-821

Date Filed APR 12 1944

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milwaukee, 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.