

FILED AUG 9 1944

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 245

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: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether _____)

In this community 16 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

(c) City or town Rural 78
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Mildred Lee Grimes

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1944 hour 1 minute 20 A.M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Earl Grimes 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased June 23 1920
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-12-1944 to 7-28-1944
that I last saw her alive on 7-27-1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

24 1 5 hr. _____ min.

Immediate cause of death Pneumonia R. Chest

Due to _____

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

Due to _____

10. Usual occupation house w. fe

Other conditions Pan. S. Deoxyphagite
(Include pregnancy within 3 months of death) absent

MOTHER FATHER

11. Industry or business _____

12. Name Noah J. Young

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

14. Maiden name Mary Belle King

15. Birthplace Fulton County Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant N. J. Young

(b) Address Fortageville, Mo

17. (a) Burial (b) Date thereof 7 30 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo

18. (a) Signature of funeral director D. B. Enoch
(b) Address Portageville, Mo

19. (a) 8-5-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 1100

PHYSICIAN _____

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? _____

(Specify type of place) _____

While at work? _____ (e). Means of injury _____

23. Signature D. B. Enoch (M. D. or other) _____
Address Cape Girardeau, Mo Date signed 8-4-44

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

16
14

1014

RECEIVED

District Health Officer No. 4
District File Number 844-4198
Date Filed 8-8-44

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. H. Estes

Licensed Embalmer No. 3568

P. O. Address Chapeau, Va.

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.