

S. No. 2
DOM-2-43
v. 5-17-39
P I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24397**

FILED AUG 8 1944
Registration District No. **6356**

Primary Registration District No. **6356**

Registrar's No. _____

2100

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

1. PLACE OF DEATH:

(a) County **CHARITON**

(b) City or town **CUNNINGHAM**
(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) **1**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **CHARITON**

(c) City or town **CUNNINGHAM** **2100**
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **Joseph Grimsley**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1944** hour **110** minute **a** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb** **1** **1858**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan** 19**44** to **July 30** 19**44**
that I last saw him alive on **July 29** 19**44** and that death occurred on the date and hour stated above.

8. AGE: Years **86** Months **5** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **RANDOLPH Co. MO** **U**
(City, town or county) (State or foreign country)

10. Usual occupation **FARMER**

Immediate cause of death **Chromosomal**
depressed to eat or take
any nourishment
Due to **Lympho-sarcoma**
of R. Parotid gland, and 12 Mos
Due to **Mitastases**
of cancer. Recd cause was sarcoma
Other conditions **Age**
(Include pregnancy within months of death)

Duration _____

MOTHER FATHER

11. Industry or business _____

12. Name **William Grimsley**

13. Birthplace **Virginia**
(City, town or county) (State or foreign country)

14. Maiden name **Ruth Heaton**

15. Birthplace **Virginia**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs Joseph Grimsley**
(b) Address **SUMNER MO**

17. (a) **Burial** (b) Date thereof **7/31/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Peapack MO**

18. (a) Signature of funeral director **R. L. Seibert**
(b) Address **Mendon MO**

19. (a) **JULY 31 44** (b) **MARTHA CLARK**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations **552**

Of autopsy _____

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) _____ (e) Means of injury _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature **J. W. Hardy, M.D.** (M. D. or other) **C**
Address **Sumner MO** Date signed **7/31 44**

1330

RECEIVED

District Health Officer No. 8,

Case File Number.....

Dated 8-5-47

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 A. L. Leisner

Licensed Embalmer No. 3970

P. O. Address Mendon 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.