

FILED AUG 17 1944
Registration District No. **171844**

Primary Registration District No. **6168**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Stone**
(b) City or town **Rural** *Limekiln run*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1 Galena Mo.
(If not in hospital or institution, write street number or location)
(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 **Stone** **104**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. # 1 Galena Mo.** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Francis Grinnett**

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 **Widowed**
6. (b) Name of husband or wife **Lorenza Grinnett** 6. (c) Age of husband or wife if alive **no** years
7. Birth date of deceased **March 3 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 22 hr. min.

9. Birthplace **?** **Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Albert Bowling**
13. Birthplace **?** **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Martin**
15. Birthplace **?** **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **L. A. Grinnett**
(b) Address **R.F.D. # 1 Crane Mo.**
17. (a) **Burial** (b) Date thereof **7/27/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mars Hill Cemetery**

18. (a) Signature of funeral director **J. P. King**
(b) Address **Aurora Mo.**
19. (a) **7/30/44** (b) **Nellie Thornley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**
year **1944** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from **June - 15 -**
1941 to **July 25 -** **1944**;
that I last saw her alive on **July 23 -** **1944**;
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis Chronica** **8 month**
Duration

Due to _____

Due to **922**

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

Major findings:
Of operations _____
Of autopsy **none did**

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? _____

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

23. Signature **H. L. Kerr** (M. D. or other) _____
Address **Crane Mo.** Date signed **7-25-44**

1172

RECEIVED

District Health Officer No. 6,

District File Number

844.921

Date Filed

AUG 15 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

Herman Purdy

Licensed Embalmer No. 3072

P. O. Address. Aurora Ill

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.