

FILED NOV 8 1944

Registration District No. 2

Primary Registration District No. 5096

Registrar's No. 72

1. PLACE OF DEATH:

(a) County BATES

(b) City or town Rural Mt. Pleasant, Mo.  
(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)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life \_\_\_\_\_ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME GEORGE OLIVER GRIMSTEAD

3. (b) If veteran, name war x

3. (c) Social Security No. 4

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased MARCH 9 1944  
(Month) (Day) (Year)

8. AGE: Years 5 Months 26 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Rich Hill Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name BERNARD O GRIMSTEAD

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

14. Maiden name DELLA MAE THORNBERG

15. Birthplace Creighton Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Thornberg

(b) Address Rich Hill Mo

17. (a) Burial (b) Date thereof 10-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill -

18. (a) Signature of funeral director Broths

(b) Address Butler Mo

19. (a) Oct 8, 1944 (b) Pauline Crompton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BATES

(c) City or town Rich Hill Mo  
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5th  
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition

Duration 158

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
died in car while being taken to hospital  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature John D Underwood (M. D. or other) Coroner

Address Butler Mo Date signed 10-5-44

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

District Health Officer No. 7,

District File Number 10-44-1234

Date Filed 11-6-44

**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 John G. Anderson  
Licensed Embalmer No. 3585  
P. O. Address Butler 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.**