

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38921**

FILED DEC 11 1944

Registration District No. **322**

Primary Registration District No. **4472**

Registrar's No. **36**

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(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 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline **97**
(c) City or town Slater **2**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Grisham
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 18
year 1944 hour 10/20 P.M. minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jacob 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov. 10 1944, to Nov. 18 1944, that I last saw her alive on Nov. 18 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased Mar. 4th, 1857
(Month) (Day) (Year)

Immediate cause of death Senility
Duration _____

8. AGE: Years 87 Months 8 Days 14 If less than one day hr. _____ min. _____

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

9. Birthplace Stubbensville Ohio (City, town, or county) (State or foreign country) **1**
10. Usual occupation Housewife
11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____

12. Name Jacob Shivley
13. Birthplace Don't Know (City, town, or county) (State or foreign country) **4**
14. Maiden name Don't Know
15. Birthplace Don't know (City, town, or county) (State or foreign country) **9**

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? _____

16. (a) Informant Mrs. J.R. Irvin
(b) Address Slater Missouri
17. (a) Burial (b) Date thereof Nov. 20, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Slater Mo
18. (a) Signature of funeral director Jones and Salzer
(b) Address Slater Missouri
19. (a) Nov 30-44 (b) Mrs. John G. Irvin
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Slater Mo. Date signed 11-28-44

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

97
2
1

MOTHER FATHER

1211

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-8-14

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.....
.....
.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Isaac Jones
314
Slater

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.