S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 2000

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13902

Primary Registration District No. 3041

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Mo. (b) County Macon 61

(c) City or town Macon 3
(If outside city or town limits, write "RURAL")

(d) Street No. 411 So Rutherford
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bessie Towner Grimm

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband ~~or wife~~ Lawrence Grimm

6. (c) Age of husband or ~~wife if~~ alive years

7. Birth date of deceased Dec (Month) 2nd (Day) 1876 (Year)

8. AGE: Years 68 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Macon Co. Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name William Baker 9
13. Birthplace DK 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Towner
15. Birthplace DK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Proctor Blankenship
(b) Address Davenport Ia R2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive Macon Co Mo

18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo

19. (a) 4/27/45 (Date received local registrar) (b) Nora B Gunkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1945 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov. 21 1944, 19 , to April 2, 1945, that I last saw her alive on March 3, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemhorrage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 H. E. Mansfield (M.D. or other) DO

Address Macon, Mo. Date signed 4/17/45

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-45-454
Date Filed MAY 10 1945

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.