. S. No. 2
DM—8-43
v. 5-17-39
D I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24620

FILED JUL 7 1945

Registration District No. 1 Primary Registration District No. 5919 Registrar's No. 41

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Lithium Mo. Salem Twp

(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 years, months or days)

In this community: 86-4-9

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry 79

(c) City or town: Lithium Mo. 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: George Henry Grass

3. (b) If veteran, name war ____

3. (c) Social Security No. None.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Julia Ann Grass

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: Febuary (Month) 26 (Day) 1859 (Year)

8. AGE: Years 86 Months 4 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business ____

MOTHER FATHER

12. Name: Alexander Grass

13. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Caroline Wincen

15. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Julia Ann Grass

(b) Address: Lithium Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-7-1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Perryville Mo.

18. (a) Signature of funeral director: Young & Son

(b) Address: Perryville Mo.

19. (a) 7-7-45 (Date received local registrar) (b) Lola Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1945 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 15, 1939, to July 5, 1945, that I last saw him alive on July 3, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	3 days
Due to: Coronary Heart Disease	4 yrs
Due to: Hypertension	40 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)

While at work? ____ (e) Means of injury ____

23. Signature: J. A. Carron (M.D. or other)

Address: Perryville Mo. Date signed 7-6-45

1326 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-11-45

District Health Officer No. 4

District File Number 745-872

Date Filed 7/16/45

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 Edward C Young

Licensed Embalmer No. 2138

P. O. Address Berryville 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.