. No. 2
—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33872

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 69

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Fayette 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lissie Grigsby Hall
3. (b) If veteran, name war ----
3. (c) Social Security No. ---
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband ~~or wife~~ W. D. Hall
6. (c) Age of husband ~~or wife if~~ alive 79 years
7. Birth date of deceased March (Month) 17 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
78	7	8	hr. min.

9. Birthplace Howard County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name J. J. Grigsby
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)
14. Maiden name Cyntha Ann Mason
15. Birthplace Owen County (City, town, or county) Kentucky 1 (State or foreign country)
16. (a) Informant W. D. Hall
(b) Address Fayette, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette City Cemetery
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 10-25-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1945 hour 3:45 minute A M.
21. I hereby certify that I attended the deceased from 10-20 1945 to 10-25 1945 that I last saw h~~er~~ alive on 10-25 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Coma	
Due to Chr. Diabetes	
Due to	
Other conditions Cerebral Embolus (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?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. A. Bloom (M. D. or other) M.D.
Address Fayette, Mo Date signed 10-25-45

1537 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 11-6-45

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.