

FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 164

Primary Registration District No. 5598

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Center Point, Mo. Rt. Columbus
(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 2 1/2 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Center Point, Mo. Rt. 1
(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 _____

3. (a) PRINT FULL NAME

Sylvia Ella Grigsby

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1945 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 9-1-45 1945 to 10-10 1945 that I last saw her alive on 10-9 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis (General) & Cerebral Arteriosclerosis Duration 5 yrs 5 mo

Due to _____
Due to _____

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? _____

18. (a) Signature of funeral director W. H. Thirt (Specify type of place) _____
(b) Address Warrensburg, Mo. (c) Means of injury _____
23. Signature R. Lee Cooper (M. D. or other) _____
Address Warrensburg, Mo. Date signed 10-13-45

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William Scott Grigsby 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Aug 22 1858 (Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Rev John S. Allaman

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

14. Maiden name Hattie Bedell

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

16. (a) Informant Sam S. Grigsby

(b) Address Warrensburg, Mo. R #2

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

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. H. Thirt

(b) Address Warrensburg, Mo.

19. (a) Oct 13, 1945 (b) Leola M. Williams (Date received local registrar) (Registrar's signature)

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

1001

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 Myself
....., Registered Apprentice No.....
working under my personal supervision.

Signed Samuel G. McCluney

Licensed Embalmer No. 3557

P. O. Address Warehousing Inc

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.