S. No. 2
0M—2-43
v. 5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38759

State File No.

FILED NOV 28 1945

Registration District No. 0728

Primary Registration District No. 6150

Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Leora (If outside city or town limits, write "RURAL" and name of township) Mill Lisbon
(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Leora (If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SANFORD FRANK GRIM
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Grim
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April (Month) 7 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	6	16	hr. min.

9. Birthplace Vincennes (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Dave Grim
13. Birthplace — (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Bell Miller
15. Birthplace — (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs. Effie Grim
(b) Address Leora, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25 (Month) (Day) 1945 (Year)
(c) Place: burial or cremation Kimmel Cemetery
18. (a) Signature of funeral director Lloyd S. Morgan
(b) Address Advance, Mo.
19. (a) 10-25-1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1945 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct. 21, 1945 to Oct. 23, 1945 that I last saw him alive on Oct. 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to apoplexy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 108	

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 E. C. Masters (M. D. or other) D.O.
Address Advance, Mo. Date signed 10-24-45

1132

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1145-3257
Date Filed 11-8-45

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 Lloyd S. Morgan, Registered Apprentice No. ____, working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.