S. No. 2
I—1-4-41
. 5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1946 128

State File No. 2704

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 80

1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)

In this community: 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 791 W. Elm St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: VILLIA MAY GRIDER

3. (b) If veteran, name war: None

3. (c) Social Security No.: 488-24-4695

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: James F. Grider

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

7. Birth date of deceased: December (Month) 15, (Day) 1888 (Year)

8. AGE: Years 57 Months 1 Days 12 If less than one day hr. min.

9. Birthplace: Greene County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Waitress

11. Industry or business: Biggs Cafe, Springfield, Mo.

FATHER
12. Name: John Glidewell
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Phoebe Jones
15. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Mrs. Pearl Dyer,
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 29, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Manley Cemetery

18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: Springfield, Mo.

19. (a) 1-28-46 (Date received local registrar) (b) N E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th year 1946 hour 7:20 AM minute M.

21. I hereby certify that I attended the deceased from 12-29, 1945, to 1-27, 1946, that I last saw h. ex alive on 1-26, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	about 1 mo.
Due to: Fall or Inc	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 1/16 5
Of autopsy: 2/1

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): Accident
(b) Date of occurrence: Dec. 22, 1945 1/33
(c) Where did injury occur? Springfield (City or town) Greene (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place, Corner of Missouri & Elm (Specify type of place)
While at work? No (e) Means of injury: Fall

23. Signature: [illegible] (M. D. or other) MD
Address: [illegible] Date signed 1-28-46

(Licensed Embalmer's Statement on Reverse Side)

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

636

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 Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.