

S. No. 2
7-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22436

Registration District No. 33

Primary Registration District No. 6-14-1 4498

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Shelby
 (b) City or town Hammertown Mo Jackson 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)
 In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
 (c) City or town Hammertown Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
 year 1946 hour 10 minute 30 P M.
 21. I hereby certify that I attended the deceased from May 29
1946 to June 6 1946
 that I last saw him alive on June 6 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
 Duration 9 days

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

(c) Signature R.A. Packer (M. D. or _____)
 While at work? _____ (Specify type of place) Means of injury _____
 23. Signature R.A. Packer (M. D. or _____)
 Address Hammertown Mo Date signed June 7

3. (a) PRINT FULL NAME Samuel Hughes Grubb

3. (b) If veteran, name war Spanish War (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Mae Grubb 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov 6 1877
(Month) (Day) (Year)

8. AGE: 68 Years 7 Months 0 Days
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name George Eldred Grubb

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

14. Maiden name Susan Jane Hinkle

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

16. (a) Informant George E. Grubb

(b) Address Hammertown Mo

17. (a) burial (b) Date thereof 6-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2007 hwy, Hammertown Mo
 18. (c) Signature of funeral director Ernest J. Evans
 (b) Address Hammertown Missouri
 19. (a) 6-7-1946 (b) Ruth Jaeger
(Date received local registrar) (Registrar's signature)

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

5-17-39

507

(Licensed Embalmer's Statement on Reverse Side)

76

RECEIVED

District Health Officer No. 10

District File Number 7-46-1257

Date Filed JUL-3-1946

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 Me.

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

Signed

Grover J. Givan

Licensed Embalmer No. 1754

P. O. Address. Hannover, Pa.

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.