No. 2
I—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26094

FILED JUL 25 1946

Registration District No. 8/3

Primary Registration District No. 4545

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: Marshfield Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 7 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster

(c) City or town Marshfield Mo (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

3. (a) PRINT FULL NAME Edna Brooks Grier

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dorsey Grier

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November-17-1876 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 14 If less than one day X hr. X min.

9. Birthplace Webster County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name C.W. Brooks
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jo Stella Dameron
15. Birthplace N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Nell Ferry

(b) Address Marshfield Mo

17. (a) Burrial (Burial, cremation, or removal) (b) Date thereof 7-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Mo.

18. (a) Signature of funeral director [signature]

(b) Address Marshfield Mo

19. (a) 7/16/46 (Date received local registrar) (b) J G McKinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1946 hour 3 minute 50 p.M.

21. I hereby certify that I attended the deceased from June 16, 1943 to July 1, 1946 that I last saw her alive on July 1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Occlusion	10 min
Due to (Probably) Embolism - Also Hypertens and Arteriosclerotic Valvular Heart Dis.	~~10 min~~ Over 3 yrs
Due to Carcinoma of Cervix with Pelvic Metastases	Dec. '43
Other conditions (Include pregnancy within 3 months of death) (Had been checked awhile with Radium treat.)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C.R. Macdonnell (M. D. or other) M.D.

Address Marshfield, Mo. Date signed July 1 '46

347 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 746 - 777
Date Filed JUL 24 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 .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. 3317

P. O. Address Marshfield 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.