

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 18 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 220 (rear) S. Ellis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Jane Grimes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Edward Grimes

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. 22 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 22 ----- min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Morrow (given name unknown)

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

14. Maiden name Dunkin (given name unknown)

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

16. (a) Informant Mrs. W. J. Aldrich
(b) Address Jackson, Mo.

17. (a) Burial (b) Date thereof Aug 15 '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights Cemetery Jackson Mo.

18. (a) Signature of funeral director G. J. [Signature]
(b) Address Cape Girardeau, Mo.

19. (a) 8-14-1946 (b) G. C. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13
year 1946 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan 1943 to Aug 13 1946
that I last saw him alive on Aug 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 hrs
Due to Hypertension 3 yrs

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: gno

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? _____
While at work? _____ (Specify type of place) (e) Means of injury !

23. Signature P. C. Ruff (M. D. or other) MD
Address Jackson Date signed 8/14/46

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

25342

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HEALTH OFFICER
Health Officer No. 4
District File Number 846-2515
Date Filed 8-19-46

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 *C. J. Lorberg*
Licensed Embalmer No. *3810*
P. O. Address *Cape Girardeau, 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.