

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 114

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural - Prairie
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
9 mi South Indep.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 9 mi South Indep.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Persifor Hershel Grinter
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 10
 year 1946 hour 5:25 minute 9 M.

4. Sex Male 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary G Grinter
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 19 - 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3 1946 to July 10 1946
 that I last saw him alive on July 9 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death seizure

8. AGE:
 Years 95 Months 7 Days 22
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Jackson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Photographer

12. Name Perry N. Grinter

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

14. Maiden name Sarah D. Moore

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

16. (a) Informant M. N. Grinter

(b) Address 1224 S. Main

17. (a) Burial (b) Date thereof July 12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director Ott + Mitchell

(b) Address 310 N. Main St Indep Mo

19. (a) 7/10/46 (b) Jared D. Jones
(Date received from Registrar) (Registrar's signature)

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 J. W. Beason (M. D. or other) _____
 Address Independence Date signed 7/10/46

Duration

PHYSICIAN'S

Underline the cause to which death should be charged statistically.

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

26279

133

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 Henry Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep, Ma.

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.