

FILED DEC 11 1946

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike
(c) City or town Rural Bowling Green
(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 John Noel Grinnett

3. (b) If veteran, name war X 3. (c) Social Security No. none

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

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Dec. 11 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 24 hr. min.

9. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Henry H. Grinnett

13. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Louise Lindsey

15. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. M. Strube

(b) Address Schuyler Nebraska

17. (a) Buried (b) Date thereof 11 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pike Co. Cemetery Mo

18. (a) Signature of funeral director Wm. M. Strube

(b) Address Bowling Green Mo.

19. (a) 11-8-46 (b) Bernice Callier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Shunt
Arterial & Venous
leg.

Due to
Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 82

(b) Date of occurrence Nov 16 1946

(c) Where did injury occur? Bowling Green Pike Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway

While at work? no (Specify type of place)

(e) Means of injury: Shunt

23. Signature S. A. Goodin
(Physician)

Address Bowling Green Mo. Date signed 11.6.46

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

MOTHER FATHER

RECEIVED
Public Health Officer No. 10
District File Number 12-46-2268
Date Filed DEC. 10 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 Grace M. Parkhead
Licensed Embalmer No. 2204
P. O. Address Bowling Green, 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.