

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946
Registration District No. 33

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39845
Registrar's No. 415

Primary Registration District No. 3010

16
1
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County BOLLINGER
(c) City or town PATTON
(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 THOMAS L. GRINDSTAFF
3. (b) If veteran, name war ✓
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 22
year 1946 hour 10 minute 25A.M.
21. I hereby certify that I attended the deceased from Nov 16 1946 to Nov 22 1946
that I last saw him alive on Nov 22 1946
and that death occurred on the date and hour stated above.

4. Sex M Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Uremia -
Due to D. Scos? kidney
Reserve (Secondary
to diabetic atherosclerosis
& Renal arterial
Other conditions Change
(Include pregnancy within 3 months of death)
Major findings: Chronic hemiplegia
Of operations _____

8. AGE: Years Months Days If less than one day
66 2 11 hr. _____ min.

Physician _____
Underline the cause to which death should be charged statistically.
Of autopsy ✓ 137

9. Birthplace PATTON MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

12. Name ELISHA GRINDSTAFF

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

14. Maiden name MARY FRANCIS

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

16. (a) Informant GLENN E. GRINDSTAFF

(b) Address ALLIANCE, MO.

17. (a) Burial (b) Date thereof 11-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PATTON, MO.

18. (a) Signature of funeral director BAKER MORTUARY
(b) Address Lutesville, MO

19. (a) 11-7-1946 (b) G. E. Summers
(Date received local 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 W. L. ... (M. D. or other) MD
Address Jackson MO Date signed 11-24-46

RECEIVED

Health Officer No. 4

No. Number 1246-2967

Date Filed 12-16-46

DEC 30 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 A J Baker
Licensed Embalmer No... 3573

P. O. Address.....

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.