

No. 2  
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5-17-39  
TX36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1820

State File No. ....

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Mercer

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

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

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer **65**

(c) City or town Princeton, Mo. **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country

3. (a) PRINT FULL NAME Ivan Grimm

3. (b) If veteran, name war No

3. (c) Social Security No. ....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Sept. 10 1879  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>4</u>	<u>9</u>	hr. min.

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

10. Usual occupation Shoe Shiner

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Goldie Hopkins

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 1-21-47 (b) Don Martin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19<sup>th</sup>  
year 1947 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from 9<sup>th</sup> Jan.  
1947 to 19<sup>th</sup> Jan. 1947.

that I last saw him alive on 19<sup>th</sup> Jan 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pneumonia</u>	<u>10 days</u>
Due to <u>Injury - broken ribs &amp; old age</u>	<u>12 days</u>
Due to	

Other conditions Spartic Paralysis  
(Include pregnancy within 3 months of death)

since birth

Major findings:  
Of operations

Of autopsy 1-19

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **65**

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(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 2

23. Signature H. E. Snyder (M. D. or other) DO

Address Princeton, Mo. Date signed 1-20-47

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

MOTHER FATHER

190

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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 H. Evan Martin  
Licensed Embalmer No. 3760  
P. O. Address Pinebluffs, 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. *Feb**Feb*Registration District No. *210*Primary Registration District No. *4322*Registrar's No. *9*

## 1. PLACE OF DEATH:

- (a) County *Mercer*  
 (b) City or town *Princeton*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT  
FULL NAME *Juan Jimenez*

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *s*

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

7. Birth date of deceased
- Sept 10 1927*
- 
- (Month) (Day) (Year)

8. AGE: Years *67* Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace
- Ohio*
- 
- (City, town, or county) (State or foreign country)

## 10. Usual occupation \_\_\_\_\_

## 11. Industry or business \_\_\_\_\_

- MOTHER FATHER { 12. Name \_\_\_\_\_  
 13. Birthplace (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

- (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

- (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_
- 
- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_
- 
- year
- 1947*
- hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19 \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

- Due to \_\_\_\_\_

- Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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) *Accident*  
 (b) Date of occurrence *JANUARY 7, 1947*  
 (c) Where did injury occur? *PRINCETON - MERCER - MO.*  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
*public place*  
 While at work? *yes* (Specify type of place) (e) Means of injury *FALL*

23. Signature *D. E. Snyder* (M. D. or other) *D.O.*  
 Address *Princeton, Mo.* Date signed *2-13-47*

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

SUPPLEMENTARY

0-1720

081