

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12343

State File No.

FILED APR 28 1947

Registration District No.

Primary Registration District No. 5015

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:
1/4 mile Northwest of Amazonia, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 37 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Rural Lincoln
(If outside city or town limits, write "RURAL")

(d) Street No. 1/4 mile Northwest of Amazonia, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME William O. Grier

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1947 hour 11 minute A M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Frankie May Grier

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 27 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April, 1947 to April 15, 1947
that I last saw him alive on April 13, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72 2 18 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 3 Day

Due to Arteriosclerosis

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

Due to

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER { 12. Name James Grier

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

14. Maiden name Henrietta Griffith

15. Birthplace Wheeling W. Va.
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Wm. O. Grier

(b) Address RR. #1 Amazonia, Mo.

17. (a) burial (b) Date thereof 4/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Missouri

18. (a) Signature of funeral director Heaton Bowman

(b) Address St. Joseph, Mo.

19. (a) 4-19-47 (b) Lillian Spink
(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) 2
(c) Means of injury

23. Signature Chaffard Steedley D. or other

Address 8011/2 Thomas St Date signed 4/16/47

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

801 1/2 Hancock
2-3355-

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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, ~~W. H. H.~~.....

..... Registered Apprentice No.

working under my personal supervision.

Signed Eugene Wood.....

Licensed Embalmer No. 3804.....

P. O. Address 3195 North St. Joseph, 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.