

S. No. 2  
DOM-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 1 1947

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13268  
Registrar's No. 102

Registration District No. 137

Primary Registration District No. 4218

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
504 East Jackson /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry 42  
(c) City or town Windsor 2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 504 E. Jackson 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edmond Bacon Grinstead  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 13  
year 1947 hour 5:20 p.m. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Apr - 2  
1947 19 \_\_\_\_\_ to Apr 13 1947  
that I last saw him alive on Apr - 13 1947  
and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Leona Cooper Grinstead  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased August 14 1856  
(Month) (Day) (Year)

Immediate cause of death  
Pneumonia  
Due to Hemorrhage in lungs + Bronchi.  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 3 B  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
90 7 29 hr. \_\_\_\_\_ min.

9. Birthplace Pettis County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farming (retired)

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 H. J. Arnold (M. D. or other) JMD  
Address Leona Date signed 4/14/47

11. Industry or business \_\_\_\_\_  
12. Name George Grinstead  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Souanna Sacra  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Wilson Davis  
(b) Address Windsor, Missouri  
17. (a) Burial (b) Date thereof 4-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial or cremation Windsor, Missouri  
18. (a) Signature of funeral director Huston - Turner  
(b) Address Windsor, Missouri  
19. (a) 4-23-47 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

2  
0

MOTHER FATHER

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

RECEIVED  
District Health Officer No. 7,  
District File Number 3-47-507  
Date Filed 4-28-47

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.....

William M. Turner, Registered Apprentice No. 470,  
working under my personal supervision.

Signed Edwin H. Hester

Licensed Embalmer No. 3391

P. O. Address Windsor 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.