S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13891

Registration District No. 157 Primary Registration District No. 5387 Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Main Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Jasper 0
(If outside city or town limits, write "RURAL")
(d) Street No. North Main Street 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hannibal Daniel Grim

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Birchie Grim
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Jan. (Month) 13th. (Day) 1862 (Year)

8. AGE: Years 85 Months 3 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Zion (City, town, or county) Penn. / (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired Farmer

FATHER
12. Name Adam Grim
13. Birthplace Unknown (City, town, or county) Penn. / (State or foreign country)

MOTHER
14. Maiden name Amanda Flyberger
15. Birthplace Unknown (City, town, or county) Penn. / (State or foreign country)

16. (a) Informant Mrs. Clarence Brown
(b) Address Jasper Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Cem.
18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper Mo.
19. (a) 4-17-47 (Date received local registrar) (b) L.B. Clinton MD (Registrar's signature) 1.27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14--47.
year ..... hour 6 minute 20-P- M.
21. I hereby certify that I attended the deceased from 4-1-47. 19.., to 4-14-47 19..;
that I last saw him alive on 4--14--47. 19..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	
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)
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. H. Knott MD (M. D. or other) 4-15-47
Address 4-15-47 Jasper, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

47-3-291

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 Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Gallatin, 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.