. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948
Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42590

Primary Registration District No. 3052

Registrar's No. 446

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 808 West 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 808 West 6th 4
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Ory Grimes
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: James Walton Grimes,
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: January 8, 1879 (Month) (Day) (Year)
8. AGE: Years 68 Months 11 Days 12 If less than one day hr. min.
9. Birthplace: Pettis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: B. T. Mather
13. Birthplace: unknown, Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth B. Elliott
15. Birthplace: Pettis County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Nina Grimes (dau.)
(b) Address: 808 West 6th, Sedalia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Longwood Cemetery
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Missouri
19. (a) 12/29/47 (Date received local registrar) (b) Betty Yeager (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 27
year 1947 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased from Over two years. 19..., to Dec. 27th, 1947 ;
that I last saw her alive on December 26th, 1947, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemo rrhage.	Dec. 22nd.
Due to: Arterio Sclerosis Advanced.	Two yrs.
Due to:	
Other conditions: Senility. (Include pregnancy within 3 months of death)	

Major findings: Of operations: None.
Of autopsy: None.

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None.
(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: 6
23. Signature: Jno B. Carlile M. D. (M. D. or other)
Address: Sedalia Mo Date signed 12-27-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-12-48

DEC 9 1952

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 Warren K. Dietz Registered Apprentice No. 70 working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.