

National Office of Vital Statistics
FILED MAR 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3859**
Registrar's No. _____

Registration District No. _____

Primary Registration District No. **4016**

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

1. PLACE OF DEATH:
(a) County **Atchison**
(b) City or town **Tarkio**
(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 **55yrs** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Mildred Harness Grimm**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Edgar S Grimm**
6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **October 16 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **5** If less than one day _____
Moorefield West Virginia
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **William H Harness**
west Virginia
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name **Mary Maclin**
15. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)
Edgar S Grimm

16. (a) Informant **Tarkio Mo**
(b) Address **Burial Jan. 25, 48**
17. (a) (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Home Cemetery**

18. (a) Signature of funeral director **J M Glass**
(b) Address **Tarkio, Mo**
19. (a) **Feb 1 1948** (b) **Betty Cabeler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Atchison**
(c) City or town **Tarkio**
(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 **January** day **21**
year **1948** hour **12** minute **40 PM**
21. I hereby certify that I attended the deceased from **1-21**
19 **48**, to **1-21** 19 **48**;
that I last saw h.e. alive on **DEAD ON ARRIVAL 1-21 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion**
Due to **Arterio sclerosis, coronary**
Duration **30 mi**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **94A**
Of operations _____
Of autopsy _____
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) _____
(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 _____
23. Signature **J. C. [unclear]** (M. D. or other) **M.D.**
Address **Tarkio, Mo** Date signed **1-27-48**

NOV 14 1957

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, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank A. Browning*.....
Licensed Embalmer No..... *3338*.....
P. O. Address..... *Jarvis 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.