FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4517

Primary Registration District No. 2000

Registrar's No. 190

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 326 days (Specify whether years, months or days)
In this community: 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 227 W. 5th St.
(If rural, give location)
(e) Citizen of foreign country? ~~Yes~~ No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles Oliver Grissom
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: Unknown

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs Lillian E. Grissom
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: October (Month) 8 (Day) 1889 (Year)

8. AGE: Years 58 | Months 4 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Rail Road Clerk
11. Industry or business: Rail Road
FATHER
12. Name: O.P. Grissom, Indiana
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: S.R. Whaley
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Lillian E. Grissom
(b) Address: 227 W 5th St. Carthage Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Carthage, Missouri
18. (a) Signature of funeral director: Kinell Mortuary
(b) Address: Carthage Mo
19. (a) 2-28-48 (Date received local registrar) (b) W E Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1948 hour 1:00 minute P.M.

21. I hereby certify that I attended the deceased from April 8, 1948 to February 28, 1948; that I last saw him alive on February 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, Pulmonary, Far Advanced	2yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause of death which 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: Paul Eisele PAUL EISELE, M. D. (M. D. or other)
Address: O'Reilly VA Hospital Date signed: 2/28/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 5
MAR 17 1940

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.

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0-47
7-39
3906

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

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MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
O'Reilly VA Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 326 days (Specify whether years, months or days)
In this community 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 227 W. 5th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Oliver Grissom

3. (b) If veteran, name war World War I

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lillian E. Grissom

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 8, 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Railroad Clerk

11. Industry or business Railroad

FATHER
12. Name O. P. Grissom,
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name S. R. Whaley
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian E. Grissom
(b) Address 227 W. 5th St. Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Carthage, Missouri

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

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that I last saw him alive on February 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary, Far Advanced — Duration 2 yrs.

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

23. Signature PAUL EISELE, M. D. (M. D. or other)
Address O'Reilly VA Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

4517

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.....

Licensed Embalmer No.....

P. O. Address.....

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