

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

2
47
39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 17 1948

Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4641

Registrar's No. 32

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:
200 S. Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 19 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Sadie Martha Grinstead

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... Widowed
6. (b) Name of husband or wife... William G. Grinstead
6. (c) Age of husband or wife if alive... Deceased
7. Birth date of deceased... July 22 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 17
If less than one day hr. min.

9. Birthplace... Decatur Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation... At home

MOTHER FATHER

11. Industry or business... William Muir

12. Name... William Muir

13. Birthplace... unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name... Arrabella Hamilton

15. Birthplace... unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant... Ivan Grinstead
(b) Address... Windsor, Missouri

17. (a) Burial (b) Date thereof... 2-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Windsor, Missouri

18. (a) Signature of funeral director... Hurston-Turner
(b) Address... Windsor, Missouri

19. (a) 2-11-48 (b) R.R. Kennedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Henry
(c) City or town... Windsor
(If outside city or town limits, write "RURAL")
(d) Street No... 200 S. Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1948 hour 12 minute 50 a. M.

21. I hereby certify that I attended the deceased from 1926 to 1948
that I last saw him alive on 1948 and that death occurred on the date and hour stated above.

Immediate cause of death...
Duration

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

Major findings:
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?.....

(e) Means of injury.....
23. Signature...
Address... Windsor, Missouri Date signed 2-10-48

RECEIVED

District Health Officer No. 7,

District File Number 1-48-71

Date Filed 2-16-48

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 Houston

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.