

Registration District No. _____

Primary Registration District No. 4881

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Hopkins
(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 _____ (Specify whether)
In this community 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Hopkins
(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 _____

3. (a) PRINT FULL NAME Mary Elizabeth Grimes

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 Widowed
6. (b) Name of husband or wife Andrew Grimes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 18 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Zanesville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel butler
13. Birthplace Zanesville Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Clayton
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Forrest Grimes
(b) Address Hopkins, Mo.

17. (a) Burial (b) Date thereof Mar. 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo.
19. (a) 4-3-48 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29
year 1948 hour 6 minute 6 A. M.

21. I hereby certify that I attended the deceased from 3/30 1948 to 3/29 1948
that I last saw him alive on 3/28 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 8 days
Due to Senility 18 yrs

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?
While at work? _____ (Specify type of place) (e) Manner of injury _____
23. Signature C. W. [unclear] (M. D. or other) [unclear]
Address Hopkins Date signed 3/31/48

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

4
0
0

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. *myself*

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.