S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

11915

State File No.

FILED MAY 13 1948

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 106

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. 310 E. High St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME Gertrude Grimshaw

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Kemp

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

7. Birth date of deceased March 14 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Jacksonville, Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hesita Craig
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Mathews
15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant R. Badger
(b) Address St. Louus, Mo.

17. (a) Burial (b) Date thereof 5-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.

19. (a) 5-1-48 (b) R. P. Dorris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1948. hour 9 minute A M.

21. I hereby certify that I attended the deceased from Nov 1947 to April 29 1948
that I last saw her alive on 4/29 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary thrombosis	3 days
Due to: arteriosclerosis	?
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [illegible] MD (M. D. or other)
Address Jefferson City Mo Date signed 5/1/48

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

RECEIVED
District Health Officer No. 9
District File Number MAY 12 1948
Date Filed

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.