

FILED JUN 1 1948

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community few hours
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Taylor 999

(c) City or town Bedford Tenn 13
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME BESSIE MAY GROSVENOR

3. (b) If veteran, No name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1948 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 2 1948 to May 8 1948
that I last saw her alive on May 8 1948
and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death Acute Shock

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Andrew Grosvenor 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Aug (Month) 8 (Day) 1890 (Year)

8. AGE: Years 57 Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Rosendale (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

12. Name of father: Sylvester Flumeyer

13. Birthplace: Unknown Ind (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: H. P. Grosvenor

(b) Address: Bedford Tenn

17. (a) removed (b) Date thereof: 5/8-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Funeral Bluffs

18. (a) Signature of funeral director: Morris Altman

(b) Address: Savannah Tenn

19. (a) 5-17-48 (Date received local registrar) (b) William Sparks (Registrar's signature)

Due to: Fractured left clavicle
Multiple fractured left ribs
Automobile Accident

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

Major findings: No

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) Accident 2

(b) Date of occurrence: May 8, 1948

(c) Where did injury occur? Savannah, Andrew, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway in car. (Specify type of place)

While at work? _____ (e) Means of injury: Automobile

23. Signature: W.S. Maxwell (M. D. or other) D.O.

Address: Savannah, Mo. Date signed: 5/8/48

Span off Roadway

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

210

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: *G. M. Atkinson*

Licensed Embalmer No. *2279*

P. O. Address *Sumner 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.