

S. No. 300
OM - 10-47
ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17160
Registrar's No. 43

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(c) Name of hospital or institution: 304 E. 5TH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 47 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 304 E. 5TH St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME JAMES MADISON GRIMM
3. (b) If veteran, name war -
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1
year 1948 hour 6 minute _____ A.M.
21. I hereby certify that I attended the deceased from 4-28
1948 to 5-1 1948
that I last saw him alive on 4-30 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mandame
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased: Feb. 4 1860
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Occlusion 4 days
Due to arteriosclerosis years
Due to _____

8. AGE: Years 88 Months 2 Days 27
If less than one day _____ hr. _____ min.
9. Birthplace West Union W. Virginia
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: none
Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer & merchant
11. Industry or business Grocery
12. Name Unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Grimm
(b) Address Rolla, Mo.
17. (a) Burial (b) Date thereof 5-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery
18. (a) Signature of funeral director Zull & Sons F. W.
(b) Address Rolla, Mo.
19. (a) 5-11-48 (b) Nadene L. Stool
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature M. K. Underwood M.D. (M. D. or other)
Address M. K. UNDERWOOD, M. D. Date signed 5-2-48

(Licensed Embalmer's Statement on Reverse) ROLA, MISSOURI

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

MOTHER FATHER

RECEIVED

Phelps County Health Officer,

County File Number 5/18/48

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.