DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27303

State File No.

Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 103

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: Big Springs Rest Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DALLAS 30

(c) City or town BUFFALO - RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME LEE "JACK" SON GRUDRIER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 9

6. (b) Name of husband or wife

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

7. Birth date of deceased ? (Month) ? (Day) 1871 (Year)

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace OSCEOLA (City, town, or county) MO (State or foreign country) 0

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name HARMON GRUIDER
13. Birthplace (City, town, or county) VA (State or foreign country) 1

MOTHER
14. Maiden name ROSE ANN LAWSON
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant WILLIAM GRUIDER
(b) Address BUFFALO MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation CURRINGTON

18. (a) Signature of funeral director L. B. JONES
(b) Address BUFFALO MO

19. (a) Aug 28, 1948 (Date received local registrar) (b) Ralph Garden 258 Bigelow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Mar~~ Aug day 24th year 1948 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 12th, 1948, to Aug 23, 1948, that I last saw him alive on Aug 23, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hydrostatic Pneumonia	2 days
Due to: Chronic Myocarditis	
Due to: Hypertension	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature O. E. Wetzel (M. D. or other) DD

Address Humansville, Mo Date signed 8-24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 8-48-1003
Date Filed 9-1-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.