

REC'D SEP 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29002
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Y Primary Registration District No. 3018
(c) City Clinton (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Chas Arther Grimes 1.5''
(a) Residence, No. 2007 Carter St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary G Grimes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8-1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 7 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Chas Grimes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Leana King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Orvell Grimes Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Aug 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred W Wilkinson Clinton Mo

20. FILED 8-20 1938 W J P Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to Aug 11, 1938
I last saw him alive on about Aug 11, 1938 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Summated, cerebral underminal
Other contributory causes of importance: Cerebral Hemorrhage Sept. 1938

Name of operation none Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify S & W Co. Lumber
(Signed) W J P Hampton, M. D.

(Address) Clinton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No 7,

District File Number 7-38-77

Date Filed 9-14-38

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.