

No. 2
-10-39
7-39
X21492

FILED OCT 18 1940

Registration District No. 4205

Primary Registration District No. 4205

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 2
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Blainstown, Missouri
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lucy Lousia Grizzle

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1940 hour 11 minute 45 P.M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Lee Grizzle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 15 1940 to September 27 1940 that I last saw her alive on September 27 1940 and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>72</u> | <u>6</u> | <u>19</u> | hr. _____ min. |

Immediate cause of death Cerebral Thrombosis 13 days

9. Birthplace Johnson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions g.g. 12
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER { 12. Name William Harrison

18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Mary Francis Evans

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. E. L. Stumbo

(b) Address Lulu Kans. 60 W. 2nd St.

17. (a) Burial (b) Date thereof 9/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blainstown, Mo.

18. (a) Signature of funeral director O. L. Coon

(b) Address Chilhowee, Missouri

19. (a) _____ (b) Dr. J. R. Hampton
(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? _____

3/9 _____
(Specify type of place)

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

23. Signature H. J. Powell (M. D. or other) MD

Address Blainstown Mo Date signed 9/28/40

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

RECEIVED

District Health Officer No. 7;

District File Number 10-40-1485

Date Filed 10-11-40

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.....

..... Me, Registered Apprentice No.....
working under my personal supervision.

Signed *D. L. Cook*

Licensed Embalmer No.....2708.....

P. O. Address.....Chilhowee, Missou

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, above space should be left blank.