

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.

 DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1942

 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31630

State File No. _____

Registration District No. 366

Primary Registration District No. 6245

Registrar's No. 5-1

1. PLACE OF DEATH:

(a) County Washington
 (b) City or town Walton Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 Floyd
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 15 years years, months or days

3. (a) PRINT FULL NAME EARL R. GRISSOM

8. (b) If veteran, name war World No. 1 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6 (b) Name of husband or wife Jessie F. Grissom 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased July 19 1895
 (Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Springfield Mo. U.S.
(City, town, or county) (State or foreign country)10. Usual occupation Tire & Trench Inspector11. Industry or business Lumberman12. Name unknown13. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jessie F. Grissom(b) Address Potosi Mo. Latte R.R.O.17. (a) Burial (b) Date thereof Aug. 31-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Caledonia Mo18. (a) Signature of funeral director Sparks(b) Address Potosi Mo19. (a) 9-1-1942 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washington
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. near Floyd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 42 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from June 1 1942 to Aug 29 1942
 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 1

Due to following
High Blood Pressure
and Nephritis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature J. H. Grissom (M. D. or other title)Address Potosi Mo Date signed 9/1/42

SEP 25 1942

RECEIVED

District Health Officer No. 4

District File Number 942-112

Date Filed 9-14-42

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

Everett Sparks

Licensed Embalmer No.

4778

P. O. Address

Elaine 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, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31630
Registrar's No. 51

Registration District No. 366

Primary Registration District No. 6245

1. PLACE OF DEATH:

- (a) County Washington
(b) City or town Rural
(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 _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Carl R. Grisson

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased _____
(Month) July (Day) 19 (Year) 1942

8. AGE: Years 47 Months 1 Days 12 If less than one day _____ min. no

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

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

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

- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Year 1942 Hour _____ Minute _____ M. _____

21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

- Due to high blood pressure following
Due to myocardial infarction
Other conditions auto my side
(Include pregnancy within 3 months of death)

- Major findings: But, believe it to be Bronchial
Of operation _____

- Of autopsy _____

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. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every detail, from small expenses to major investments, to ensure that all data is reliable and accessible.

2. The second part of the document focuses on the role of technology in modern record-keeping. It highlights how digital tools and software can significantly improve the efficiency and accuracy of data management. The author argues that adopting advanced technologies, such as cloud storage and automated data entry systems, can reduce the risk of human error and make it easier to retrieve information when needed. This section also touches upon the importance of data security and privacy, advising organizations to use secure protocols and regularly update their systems to protect sensitive information.

3. The third part of the document addresses the challenges of managing large volumes of data. It acknowledges that as organizations grow, the amount of data they generate increases exponentially, making it difficult to manage manually. The text provides several strategies to overcome these challenges, including the use of data analytics to identify trends and patterns, and the implementation of data governance policies to ensure that data is used responsibly and in compliance with relevant regulations. The author also stresses the importance of training staff to handle data effectively and to stay updated on the latest technological advancements.

4. The fourth part of the document discusses the importance of regular audits and reviews. It explains that periodic checks of records are necessary to verify the accuracy and completeness of the data. The text suggests that organizations should conduct both internal and external audits to identify any discrepancies or areas for improvement. This process not only helps in maintaining the integrity of the records but also provides valuable insights into the organization's overall performance and financial health. The author concludes by emphasizing that a commitment to continuous improvement and transparency is key to successful record-keeping in the long run.