DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1942

Registration District No. 366

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31630

State File No.

Primary Registration District No. 6245

Registrar's No. 5-1

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

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.

Rev. 5-17-39
1 x19511

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 years, months or days) In this community 45 years.

2. USUAL RESIDENCE OF DECEASED: 110
(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.? — 0 years

3. (a) PRINT FULL NAME EARL R. GRISSOM.
3. (b) If veteran, name war World No 1. 3. (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

Minor

7. Birth date of deceased July 19 (Month) (Day) 1895 (Year)

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

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

10. Usual occupation Tie & Timber Inspector

11. Industry or business Lumberman

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) — (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) — (State or foreign country)

16. (a) Informant's own signature Jessie F Grissom
(b) Address Potosi Mo Katy R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Caledonia Mo

18. (a) Signature of funeral director Sparks,
(b) Address Potosi Mo

19. (a) 9-1-1942 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from June 1, 1942 to Aug 29 1942, that I last saw h alive on ..., 19..., and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pneumonia 1
Due to Following
Due to 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? (Specify type of place)
While at work? (e) Means of injury

28. Signature H E Bissell (M. D.)
Address Potosi Mo Date signed 9/1/42

(Licensed Embalmer's Statement on Reverse Side)

SEP 251942

RECEIVED

District Health Officer No. 4

District File Number 942-44

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. 47-78

P. O. Address Elvins 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.**

V. S. No. 2B
50M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31630

Registration District No. 366 Primary Registration District No. 6245 Registrar's No. 51

SUPPLEMENTARY

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)

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

3. (a) PRINT FULL NAME Earl R. Grissom
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 alive years
7. Birth date of deceased July (Month) 19 (Day) 189[illegible] (Year)
8. AGE: Years 47 Months 1 Days 10 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death pneumonia following	
Due to High blood pressure & nephritis	10
Due to Since there was no autopsy I do not know	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation But I believe it to be Bronchial	
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 (M. D. or other)
Address Date signed