

FILED AUG 4 1945

Primary Registration District No. 4213

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Montrose Mo
(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 about 50 yrs
years, months or days

3. (a) PRINT FULL NAME William Grisk y

3. (b) If veteran, name war ✓

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 _____

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Aug 22 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>10</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Jerome Cook

(b) Address Montrose Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 - 45
(Month) (Day) (Year)

(c) Place: burial or cremation Montrose Mo

18. (a) Signature of funeral director William B. S. S. S.

(b) Address Montrose Mo

19. (a) July 17 (Date received by local registrar) (b) Myrtle Provost (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Montrose Rural 6
(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles north west
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1945 hour 4:10 minute P. M.

21. I hereby certify that I attended the deceased from Nov 20
1942 to July 9 1945;
that I last saw him alive on July 9 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 940

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 _____

23. Signature W. E. Baggerly M.D. (M.D. or other)
Address Montrose Mo Date signed 7-15-45

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

MOTHER FATHER

RECEIVED

Dist. Officer No. 7,

District No. 7-45-828

Date Filed 8-13-45

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, ~~on~~
on the 13th day of July 1945
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Frank Lee

Licensed Embalmer No. _____

P.O. Address _____

1099
Apprentice City - Md.

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, fact should be so stated above.