

FILED FEB 1 1949

Primary Registration District No. 4218

Registrar's No. 22

1. PLACE OF DEATH:
(a) County..... Henry
(b) City or town..... Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... Five weeks
(Specify whether
In this community..... 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County..... Henry 42
(c) City or town..... Windsor 2
(If outside city or town limits, write "RURAL") 0
(d) Street No..... 103b N. Main
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert R. Grinstead

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

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

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

7. Birth date of deceased..... March 12 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>13</u>hr.min.

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

10. Usual occupation..... Farming-retired

11. Industry or business..... George W. Grinstead

12. Name..... Unknown Kentucky

13. Birthplace..... Susan Sacra Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown Kentucky
(City, town, or county) (State or foreign country)

15. Birthplace..... Ivan Grinstead Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant..... Windsor, Missouri

(b) Address.....

17. (a) Burial (b) Date thereof..... 1-27-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Windsor, Missouri

18. (a) Signature of funeral director..... Huston Turner

(b) Address..... Windsor, Missouri

19. (a) Jan 28 49 (b) R. R. Kenney
(Type received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Jan. day..... 25
year..... 1949 hour..... 5 minute..... 25 P. M.

21. I hereby certify that I attended the deceased from..... 12-23
....., 1948, to..... 1-25....., 1949
that I last saw him alive on..... 1-25....., 1949
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Hemorrhagic Peptic ulcer?

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... Means of injury.....

23. Signature..... Ray B. Jordan (M. D. or other).....

Address..... Windsor, Mo Date signed..... 1-26-49

MOTHER FATHER

RECEIVED

District Health Officer

District File Number 12-44

Date Filed 1-31-44

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

William M. Turner

Registered Apprentice No. 470

working under my personal supervision.

Signed

Oliver M. Houston

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo.

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, fact should be so stated above.