FILED NOV 5 1943

X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35988

Registration District No. 328 Primary Registration District No. 3071 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Saline
(b) City or town RFD #3
(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 — In this community All Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. RFD #3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Bettie Quisenberry Grimes

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased December 25 1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 2 If less than one day ... hr. ... min.

9. Birthplace Saline Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name George Quisenberry
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah E Reynolds
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Philip Grimes
(b) Address Slater, Mo RFD #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Slater City Cemetery

18. (a) Signature of funeral director Jones & Sleyer
(b) Address Slater Mo

19. (a) Nov-1-1943 (Date received local registrar) (b) Mrs. John Giger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1936 to Oct. 27 1943
that I last saw her alive on Oct 17 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	?
Cerebral Hemorrhage	1 yr
Due to Hypertension	8
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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

23. Signature O. A. McBurney M.D. (M.D. or other)
Address Slater Mo Date signed 10-28-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...cal Health Officer No. 8
...st File Number...
...es Filed 11-4-43
NOV 29 1944
MAY 13 1948
NOV 1943
NOV 1 1943

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 Jas E Jones

Licensed Embalmer No. 314

P. O. Address Slater

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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Nov.

Registration District No. 322 Primary Registration District No. Registrar's No. 23

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Rural Cambridge Twp (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 Bettie A. Grimes
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 25 (Day) 187[illegible] (Year)
8. AGE: Years 64 Months 10 Days 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 Oct day 27 year 1943 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	
Due to	
Due to	
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
23. Signature (M. D. or other)
Address Date signed

35888