

No. 2
1-147
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37418

National Office of Vital Statistics
FILED NOV 30 1948

State File No.

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Moniteau Co

(b) City or town Rural Walker
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Star Rt. Prairie Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. Star Rt. Prairie Home
(If rural, give location)

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

3. (a) PRINT FULL NAME John Griesbach

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 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 19 years 1862

7. Birth date of deceased Sept 19 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1948 hour 8/15 minute A

21. I hereby certify that I attended the deceased from June 2 1944, to Nov 17 1948, that I last saw him alive on Nov 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day

86 1 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Griesbach

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

14. Maiden name Barbara Hoffman

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

16. (a) Informant Alice M. Daniel

(b) Address California, Mo.

17. (a) Burial (b) Date thereof 11/14/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moniteau Evangelical Cent

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo

19. (a) 11-13-48 (b) H.R. Poppey
(Date received local registrar) (Registrar's signature)

Major findings: AM

Of operations

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?

(e) Means of injury

23. Signature [Signature] (M.D. or other) 210

Address California, Mo. Date signed 11/13/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
NOV 29 1948
Date Filed

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.....

James M. Foley

Registered Apprentice No.....

working under my personal supervision.

Signed *Earl R. Boulton*

Licensed Embalmer No. *2126*

P. O. Address *California, 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, fact should be so stated above.