

Registration District No. 71

Primary Registration District No. 5769

Registrar's No. 8

1. PLACE OF DEATH Home
(a) County Moniteau
(b) City or town Walker Township, Rural,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 8 Miles North Of California
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community T 50 Yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Rural Walker T.P.
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles North of California
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lucy Ann Griesbach

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 16
year 1941 hour 10 minute P. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

21. I hereby certify that I attended the deceased from May 3, 1940 to Feb. 16, 1941, that I last saw her alive on Feb. 9, 1941, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife John Griesbach 6. (c) Age of husband or wife if alive 78 years

Immediate cause of death Coronary Thrombosis

7. Birth date of deceased. April 28 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>19</u>	hr. <u>1</u> min.

Due to _____
Due to 94V
Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation House Wife

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Leonard Wisdom

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

14. Maiden name Nancy J. Hamlet

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

16. (a) Informant Mrs. Alice McDaniel

(b) Address California Mo

17. (a) Burial (b) Date thereof Feb. 18. 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moniteau Evan Cemt

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

(b) Address _____

19. (a) 2-18-41 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

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? _____

50 ft (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature H. H. Olanow (M., D., or other) MD

Address California Date signed 3/18/41

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

8
9
0

FILED MAR 19 1941

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 *Earl R. Boulinis*

Licensed Embalmer No. *2126*

P. O. Address *California, M*

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.