

REC'D MAY 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH14564
Do not use this space.

1. PLACE OF DEATH

(a) County FRANKLIN Registration District No. 292
 (b) Township _____ Primary Registration District No. 4176 Registered No. _____
 (c) City NEW HAVEN (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 655

2. PRINT FULL NAME GRANNEMANN (STILL BORN)

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 15 1938

7. AGE YEARS MONTHS DAYS H LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) NEW HAVEN
(STATE OR COUNTRY) MO

FATHER 13. NAME ELTON GUY GRANNEMANN

14. BIRTHPLACE (CITY OR TOWN) NEW HAVEN
(STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME MARY VIOLA ROBINSON

16. BIRTHPLACE (CITY OR TOWN) WARSAW
(STATE OR COUNTRY) MO

17. INFORMANT Elton Grannemann
(ADDRESS) New Haven, MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE NEW HAVEN DATE 4-16-38

19. FUNERAL DIRECTOR W. J. Taylor & Son
(ADDRESS) New Haven, Mo.

20. FILED Apr 16 1938 Jeffie Grannemann Local Registrar. 565 (Address) New Haven, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. P. Eisenmann M. D.

(Address) New Haven, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)