REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38841
Do not use this space.

1. PLACE OF DEATH
(a) County Carroll
(b) Township Grypto
(c) City Norborne
Registration District No. 138
Primary Registration District No. 4078
Registered No. 102
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME 614 Elizabeth Sophia Grable
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Lorenz Grable
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1879
7. AGE: Years 59 | Months 10 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Nov. 5, 1938
11. Total time (years) spent in this occupation 36 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo.

FATHER
13. NAME Fred Renzelman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Menkling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Mo.

17. INFORMANT (ADDRESS) Mr. Lorenz Grable Norborne, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE Nov. 17 1938
19. FUNERAL DIRECTOR (ADDRESS) W. T. Stroud Norborne Mo
20. FILED 11-17 1938 B. C. Cale Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-12 1938, to 11-15 1938
I last saw h~~er~~ alive on 11-15 1938 Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	11-12-38

121

Other contributory causes of importance:
Appendicitis

Name of operation Appendectomy Date of 11-5-38
What test confirmed diagnosis? Pathologic 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. C. Cale, M. D.
(Address) Norborne Mo.

132

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER WITH GREEN LINES IS A PERMANENT RECORD

1 X12004

District Health Officer

District File Number 12/5/38

Date Filed

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.)