

APR 7 1939

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

10729  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297  
 (b) Township..... Primary Registration District No. 3016 Registered No. 36  
 (c) City Washington, Mo. (d) Street No. 705 East Third St., Washington, Mo. 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 70 yrs. 3 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amos Robert Greive

(a) Residence, No. 705 East Third St., Washington, Mo. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Josephine L. Hoelscher Greive

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 3 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sheet Metal Worker  
 9. Industry or business in which work was done, as saw mill, bank, etc. Sheet Metal Work  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

FATHER 13. NAME Martin Greive  
 14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Sophia Deirking  
 16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Amos R. Greive (ADDRESS) 705 E. Third St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE March 12, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co. (ADDRESS) Washington, Mo.

20. FILED Mar. 10 - 1939 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21 - 1938, to Mar. 8 - 1939  
 I last saw him... alive on Mar. 8 - 1939. Death is said to have occurred on the date stated above, at 8:25 p. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic hypertrophic hepatitis  
Cardiomegaly  
 Date of onset and duration  
 Other contributory causes of importance: Not known

Name of operation None Date of.....  
 What test confirmed diagnosis? clinical 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? No.  
 If so, specify..... (Signed) H. A. May, M. D.  
 (Address) Washington, Mo.

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.

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**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, .....

*Henry W. Otto*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Henry W. Otto*

Licensed Embalmer No. ....

*3560*

P. O. Address .....

**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, above space should be left blank.**