S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21696

Registration District No. 301 Primary Registration District No. 5417 Registrar's No. 10

6

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

1. PLACE OF DEATH:

(a) County Franklin.

(b) ~~City or town~~ Washington, Mo. R. #2, Lyons Twns.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether)
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington, Mo. R.#2.
(If outside city or town limits, write "RURAL")

(d) Street No. R. #2.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME Amanda Emma Mary Greife. 610

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband ~~xxxx~~ Henry G. Greife.

6. (c) Age of husband ~~xxxx~~ if alive 60 years

7. Birth date of deceased March (Month) 31st. (Day) 1890. (Year)

8. AGE:

Years	Months	Days	If less than one day
50	2	5	hr. x min.

9. Birthplace Beaufort. (City, town, or county) Missouri. (State or foreign country) 0

10. Usual occupation House-wife. 0

11. Industry or business x

FATHER
12. Name William H. Breckenkamp. 0
13. Birthplace Beaufort. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Elise Weeke.
15. Birthplace Krakow. (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant x H G Greife
(b) Address Washington, Mo. R. #2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation Leslie, Mo. R.F.D. #1.

18. (a) Signature of funeral director NIEBURG & VITT Inc.
(b) Address Washington, Missouri. A C Nieburg

19. (a) June 7 1940 (Date received local registrar) (b) L L Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1940. hour 11:00 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1936, 19__, to June 6, 1940 that I last saw her alive on June 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Or. Myocarditis.

Due to

Due to 93 C

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

271

23. Signature [illegible] (M. D. or ~~other~~)
Address Washington Mo. Date signed 6/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 my

, Registered Apprentice No. ,

working under my personal supervision.

Signed A. J. Weiberg

Licensed Embalmer No. 2387

P. O. Address Washington N

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.