DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25004

FILED AUG 10 1940

Registration District No. 219

Primary Registration District No. 4132 5299

Registrar's No.

1. PLACE OF DEATH:

(a) County: Cooper

(b) ~~City or town~~: Kelly Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson Co Mo

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: CHARLES GREIN 65

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: 7 (Month) 15 (Day) 1857 (Year)

8. AGE: Years 83 Months Days 16 If less than one day ..... hr. ..... min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

FATHER
12. Name: Moretz Grein
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Barbara Harron
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: R M Bowes
(b) Address: Hickman Mills, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director: G G Parker
(b) Address: Bunceton Missouri

19. (a) 7-30 40 (Date received local registrar) (b) Ann Whitaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1940 hour 8 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 16, 1940, to July 28, 1940, that I last saw him alive on July 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular Heart trouble	2 years
Due to: Possibly age	
Due to:	
Other conditions: Dropsical (Include pregnancy within 3 months of death)	3 mo

Major findings:
Of operations: None
Of autopsy: None

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

23. Signature: W A Elliott (M. D. ~~or other~~)
Address: Bunceton Mo Date signed July 29

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-17-40

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 L G Parker

Licensed Embalmer No. 25-49

P. O. Address Bunceton Mo

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.