

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25106

State File No. _____

Registration District No. 292

Primary Registration District No. 4176

Registrar's No. 215-

1. PLACE OF DEATH: Franklin

(a) County. Franklin
(b) City or town. New Haven Mo
(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 _____ (Specify whether)
In this community 80 yrs
years, months or days

3. (a) PRINCE FULL NAME: Lydia Grammema 655

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Louis Grammema 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 1 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Conrad Grammema

13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rohdy

15. Birthplace Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Grammema
(b) Address New Haven

17. (a) Buried (b) Date thereof 8-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Haven

18. (a) Signature of funeral director W. G. Gertgen, Inc
(b) Address New Haven
19. (a) Aug 8-40 (b) Jeffrey Grammema
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town New Haven
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1940 hour 9:5 minute 5 P.M.

21. I hereby certify that I attended the deceased from Nov. 28
1940, to Aug. 6, 1940;
that I last saw him alive on Aug. 16, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Intestinal Nephritis

Due to _____
Other conditions (include pregnancy within 3 months of death) 17!

Major findings: _____
Of operations _____
Of autopsy _____

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

23. Signature G. W. Held, D.O. (M. D. or other) 3
Address New Haven, Mo. Date signed 8/8/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Earl Herbig

Licensed Embalmer No.

3385

P. O. Address

Hullaven 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.