No. 2
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FILED AUG 1 3 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25120

Registration District No. 292 Primary Registration District No. 5-410 (5-410) Registrar's No. 14

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

1. PLACE OF DEATH

(a) County Franklin

(b) City or town Rural Boeuf 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
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural
(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.? years.

3. (a) PRINT FULL NAME Harvey Oscar Grebe 610

3. (b) If veteran, name war None

3. (c) Social Security No. 497-07-9080

4. Sex Male

5. Color or race W

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 Oct (Month) 15 (Day) 1913 (Year)

8. AGE: Years 26 Months 9 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name Gus Grebe
13. Birthplace Montgomery Co (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Myrtle Thereford
15. Birthplace Gallaway Co (City, town, or county) U (State or foreign country)

16. (a) Informant Gus Grebe
(b) Address New Haven Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-40 (Month) (Day) (Year)
(c) Place: burial or cremation Big Springs Mo

18. (a) Signature of funeral director [illegible]
(b) Address New Haven Mo

19. (a) July 19-40 (Date received local registrar) (b) Jeffie Grammann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1940 hour 5 minute 10 A M.

21. I hereby certify that I attended the deceased from June 5, 1940, to July 19, 1940; that I last saw him alive on July 18, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Malignant Brain Tumor	
Due to	
Due to 53	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Partial removal of malignant tumor of brain
~~Of autopsy~~ May 6, 1940

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? 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 7/19/40

(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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl Fertig

Licensed Embalmer No. 3385

P. O. Address Westhaven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.