No. 2
-4-41
17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 14910

Registration District No. 408 — Primary Registration District No. 5565 — Registrar's No. 68

**1. PLACE OF DEATH:**

(a) County: Jasper

(b) City or town: Rural - Union (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #3, Carthage (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: Lifetime

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jasper

(c) City or town: Rural - Union Township. (If outside city or town limits, write "RURAL")

(d) Street No.: Route # 3, Carthage (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: L. CLARE GRIEB

3. (b) If veteran, name war: None

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: Feb. (Month) 20, (Day) 1923 (Year)

8. AGE: Years: 18 Months: 1 Days: 18 If less than one day ..... hr. ..... min.

9. Birthplace: Route #3, Carthage, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Student

11. Industry or business .....

FATHER
12. Name: Dell Grieb
13. Birthplace: Carthage, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Bernice Stephens
15. Birthplace: Webb City, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Dell Grieb

(b) Address: Route #3, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Dudman Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer

(b) Address: 1208 Garrison Ave., Carthage, Mo.

19. (a) Apr. 9, 1941 (Date received by local registrar) (b) E. J. McIntire M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: April day: 7th year: 1941 hour: 12:30 minute: P. M.

21. I hereby certify that I attended the deceased from Feb. 20, 1941, to April-7-, 1941, that I last saw him alive on April-7-, 1941, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death ..... | |
| Due to: Endocarditis. | |
| Due to ..... | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations .....
Of autopsy .....

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: [illegible] (M. D. or other)

Address: Carthage Mo. Date signed: 4-9-41.

(Licensed Embalmer's Statement on Reverse Side)

4/5 49/3

## 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.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**