No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1941 5

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37721

Primary Registration District No. 3004

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 West Mill
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution neither (Specify whether years, months or days)

In this community May this year, 1941

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. 6 West Mill
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pauline Grunow

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

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Oscar Grunow

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

7. Birth date of deceased October 22, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	0	28	hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Conrad Hopfeld

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

MOTHER

14. Maiden name Suzanne Na lbach

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

16. (a) Informant Theo. R. Schneider

(b) Address 6 W. Mill, Butler, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature [illegible]

(b) Address St. Louis, Mo.

19. (a) Nov 22 · 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1941 hour 4 minute 0 P.M.

21. I hereby certify that I attended the deceased from May 25, 1941 to November 19, 1941; that I last saw her alive on November 19, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of the liver and lungs	6 mo
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

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 [illegible] (M. D. or other)

Address Butler, Missouri Date signed 11-19

(Licensed Embalmer's Statement on Reverse Side)

53

41

RECEIVED
District Health Officer No. 7,
District File Number 12-41-2032
Date Filed 12-11-41

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 Frank N. Buchheim

Licensed Embalmer No. 2915

P. O. Address St. Louis, 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, fact should be so stated above.

S. No. 2B
I—8-21-41
P I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37721

Registration District No. 50 Primary Registration District No. 3004 Registrar's No.

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Butler

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: Pauline Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct. 22, 1879 (Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19, 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of pancreas

Due to: Cancer of liver

Due to: secondary - extending to lowest lobe of lung

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

23. Signature: Dr. K. L. Holden (M. D. or other)

Address: Butler, Mo. Date signed 1-8-42

SUPPLEMENTARY

H&P

New address