

FILED APR 15 1942

Registration District No. ....

Primary Registration District No. 5565

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
RP3, CARTHAGE MO  
(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) 65 Years

3. (a) PRINT FULL NAME Frances Julia Greninger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased Oct. 12 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 7 7 ..... hr. .... min.

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER

12. Name Joseph Stouer

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

14. Maiden name Sidney Bush

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

16. (a) Informant Vergil Greninger

(b) Address Carthage R # 3

17. (a) Burial (b) Date thereof March 22, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emmanuel Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) 3/21/42 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

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

(d) Street No. RP3, CARTHAGE  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th  
year 1942 hour 11:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw did not see in alive have on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to.....

Due to operation for incarcerated hernia

Other conditions Subacute hernia Nov 19, 41  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations 13 ft

Of autopsy.....

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?  
While at work?..... (Specify type of place) (e) Means of injury Car

23. Signature R. W. Hubstar (M. D. or other) Coroner

Address Carthage Mo. Date signed 3/21/42

1203

**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: *John D. Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.**