

FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33815

Do not use this space.

1. PLACE OF DEATH

(a) County Henry
(b) Township Clinton
(c) City ClintonRegistration District No. 137Primary Registration District No. 3023(d) Street No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Joseph GretzmeyerSt. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSOCIAL SECURITY
No 490-05-8199

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April, 3, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.6064

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.Laborer in Hatchery10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lexington, Mo.

FATHER

13. NAME

Andrew Gretzmeyer14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME

Francis Fisher16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)ALBERT CRETZMEYER
Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catholic CemeteryDATE Oct. 10, 4219. FUNERAL DIRECTOR (NAME)
(ADDRESS)A. H. HADER
Higginsville, Mo.

20. FILED

Oct. 8, 1942Georgia Vitcher
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10-719 42

22. I HEREBY CERTIFY, That I attended deceased from

10-619 42to 10-719 42I last saw him alive on 10-7, 19 42. Death is saidto have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

apoplexy10-6-42

Other contributory causes of importance:

820

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Medical Examiner, M. D.

(Address)

Clinton Mo

RECEIVED
District Health Officer No. 7,
District File Number 11-42-1181
Date Filed 11-6-42

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, me

or by

Registered Apprentice No. none, working under my personal supervision.

Signed

Kenneth Jackson

Licensed Embalmer No.

3954

P.O. Address

Clinton, 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, above space should be left blank.