

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41663

FILED JAN 13 1943

State File No. _____

Registration District No. 1

Primary Registration District No. 433

Registrar's No. 109

1. PLACE OF DEATH:

(a) County PuTnam
(b) City or town Unionville
(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. 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PuTnam
(c) City or town Unionville
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PETER DETLEF GREGGERS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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 (Day) (Year)

7. Birth date of deceased JANUARY 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 3 hr. min.

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

10. Usual occupation FARMING

11. Industry or business RETIRED FARMER

12. Name PETER GREGGERS

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

14. Maiden name EISEBE KATHERINE JONES

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

16. (a) Informant Johann Greggers

(b) Address Unionville Mo.

17. (a) BURIAL (b) Date thereof DEC. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEMON CEMETERY

18. (a) Signature of funeral director Con Stock Home _____
(b) Address Unionville Mo. By John Constock

19. (a) Dec 30 1942 (Date received local registry)

(b) _____ (Signature of registrar)

1099 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 12
year 1942 hour 8 minute 20 a.m.

21. I hereby certify that I attended the deceased from many years to Dec 1942 1942
that I last saw him alive on Dec 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Coradio - anal diverticulum
Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 13/0

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? _____

While at work? _____ (Specify type of place)

Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 1-2-43

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

36
1
0

RECEIVED

District Health Officer No. 10

District File Number 1-43-89

Date Filed JUNE - 7 - 1943

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 N. Comstock

Licensed Embalmer No. 3891

P. O. Address Thionelle 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.