

FILED FEB 9 1943

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

5376

83

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

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Grand River Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Grand River Twp. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? none years.

3. (a) PRINT FULL NAME John Peter Streiff

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 Married

6. (b) Name of husband or wife Grace Streiff 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 10th. 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Streiff 13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Mary Groebe
(City, town, or county) (State or foreign country)

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

16. (a) Informant Streiff
(b) Address Cameron, Mo. Rt 5

17. (a) Jan. 31, 1943 (b) Date thereof Jan. 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cem. Cameron, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Cameron, Mo.

19. (a) 1-30-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year _____ hour _____ minute 8:15 A.M.

21. I hereby certify that I attended the deceased from now 1943 to Jan 10 1943
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

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

Address Cameron, Mo. Date signed 1/29/43

