

FILED APR 5 1943
Registration District No. _____

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County Casper

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

(c) Name of hospital or institution St. Joseph P. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 41 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard ⁴⁵

(c) City or town New Franklin Mo. ⁵
(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? 41 7/16 years.

3. (a) PRINT FULL NAME WILLIAM FREDERICK GREBE

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Leuse Grebe 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased January 1 - 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>1</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Not known

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

14. Maiden name Letter

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

16. (a) Informant G. S. Duncan

(b) Address New Franklin Mo

17. (a) Removal (b) Date thereof 2/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director P. S. Plumb

(b) Address New Franklin Mo.

19. (a) Mar 1-43 (b) Dr Chas. Swap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1943 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from February 2, 1943, to February 10, 1943;
that I last saw him alive on Feb. 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Duration Probably year or 18 mos.

Due to _____

Due to _____

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations 5/1

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) (e) Means of injury _____

23. Signature W. H. Ziegler (M. D. or other) MD

Address Bronville Mo. Date signed 2-10-43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-2-43

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.....

H. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.