

FILED JUN 11 1943

Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution 209 - Memorial
(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 Cole

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

(d) Street No. 209 - Memorial
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lily Matilda Greif

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe 5. Color Wh 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 10 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Linn Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

12. Name August A. Smith

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

14. Maiden name Louise Maschup

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

16. (a) Informant Louise Hess

(b) Address 1223 - Madison

17. (a) Burial (b) Date thereof 5-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Lynn Service

(b) Address 700 Jefferson

19. (a) 5-7-43 (b) Norma Ritter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from January 1943 to May 2 1943 that I last saw her alive on May 1st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia Mellitica
wid cover

Due to _____

Due to _____

Other conditions arteriosclerosis
(include pregnancy within 3 months of death)
Generalized

Major findings: Of operations _____

Of autopsy 61

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 J. B. Smith (M. D. or other) MD

Address Jefferson City Date signed May 11 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.

Sign



Licensed Embalmer No.

3691

P. O. Address

Juno

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.