

S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42050
State File No.

FILED DEC 28 1943

Registrar's No. 278

Registration District No.

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Thomas M. Gratz

3. (b) If veteran, name war none 3. (c) Social Security No. 570-20-3757

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

6. (b) Name of husband or wife Christine Gratz 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 16 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 4 25 hr. min.

9. Birthplace Argentine, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Caretaker City Park Board

11. Industry or business

12. Name William Gratz

13. Birthplace Cole County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Stieferman

15. Birthplace Osage County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Christine Gratz

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Shope & Gordon

(b) Address Jefferson City, Missouri

19. (a) 12-21-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day Dec 11
year 1943 hour 10 minute 25 PM

21. I hereby certify that I attended the deceased from Dec 10 1943 to Dec 11 1943
that I last saw him alive on Dec 11 1943
and that death occurred on the date and hour stated above

Immediate cause of death Skull fracture
Internal embolism
Multiple lacerations - fractured
Due to right lower leg
Due to traumatic shock

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170C
Of autopsy RI
RI
RI

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) accident 026

(b) Date of occurrence Dec 11, 1943

(c) Where did injury occur? Public Highway
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Osage Co
While at work? yes (Specify type of place) car struck cliff
(e) Means of injury

23. Signature J. W. Osburn (M.D. or other) M.D.

Address Jefferson City, Mo. Date signed 12/18/43

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

MOTHER FATHER

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 Terdt P Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.