

Registration District No. 114

Primary Registration District No. 5429

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural
(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. (Specify whether

In this community
years, months or days)

8. (a) PRINT FULL NAME Fredrick W. Grammann

8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Meta Grammann 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 8 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 33 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Grammann

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Charlotta Scher

15. Birthplace New Haven MO
(City, town, or county) (State or foreign country)

16. (a) Informant Meta Grammann

(b) Address Berald Mo R#R

17. (a) Burial (b) Date thereof Jan 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benevolent Cent

18. (a) Signature of funeral director C. J. Terrence

(b) Address Beaufort Mo

19. (a) 1-2-44 (b) Doc Greis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Residence Berald Mo R#R
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1943 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from 7-6-1941 to 12-7-1943
that I last saw him alive on Dec 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 131K

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: No operation
Of operations No Autopsy
Of autopsy

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) (M. D. or other)

23. Signature J. L. Hallenbeck M.D.
Address Beaufort Mo Date signed 1-1-44

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

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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 _____

E. H. Temme

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

E. H. Temme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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, above space should be left blank.