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FILED APR 28 1944

Registration District No. 270

Primary Registration District No. 5837

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:  
Station Hospital, Camp Crowder, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days

In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown (b) County Unknown 23

(c) City or town Unknown 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 0  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Germany 1

3. (a) PRINT FULL NAME Christian Grieshammer

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased January 28 1919  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>25</u>	<u>3</u>	<u>24</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Furth/Bayern Hardster Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business German Army

MOTHER FATHER { 12. Name Christian Grieshammer

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant United States Army

(b) Address Camp Crowder, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 23, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Camp Clark, Mo.

18. (a) Signature of funeral director Khell Mortuary

(b) Address Carthage, Missouri

19. (a) 4-22-1944 (Date received local registrar) (b) Calley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1944 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 12, 1944, to April 21, 1944, that I last saw him alive on April 21, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cellulitis, acute, left thigh, anerobic 7 days  
Duration

Due to Streptococcus, anerobic and clostridium oedematines.

Due to Gun shot wound of thigh, sustained in Russia, 1942

Other conditions -  
(Include pregnancy within 3 months of death)

Major findings: 1952 9/11

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)  
(e) Means of injury -

23. Signature Nathan Jensen 0 (M. D. or other) M.C.  
Address Camp Crowder, Missouri Date signed 4/22/44

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

11/0

**RECEIVED**

4-25-44

District Health Officer No. \_\_\_\_\_  
District File Number 444-90  
Date Filed 4-26-44

**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 \_\_\_\_\_

*Emm R. Knief*

Licensed Embalmer No. 391

P. O. Address \_\_\_\_\_

*Carthage*

**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.**