. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31548

Registration District No. 290 Primary Registration District No. 4431 Registrar's No. 89

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Dixon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community - years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski
(c) City or town Dixon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Martin Grempczynski
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Grempczynski
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased (Month) Nov (Day) 14 (Year) 1878

8. AGE: Years 65 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Dixon, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation merchant
11. Industry or business mercantile
FATHER
12. Name William J. Grempczynski 4
13. Birthplace Posen (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Anna Veasmann
15. Birthplace Brinktown, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant R. D. Gremp
(b) Address Dixon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon, Mo.
18. (a) Signature of funeral director [signature]
(b) Address Vienna Mo
19. (a) 9-25-44 (Date received local registrar) (b) Chas McDodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1944 hour 2 minute p. M.
21. I hereby certify that I attended the deceased from Sept 17, 1944, to , 19 ; that I last saw him alive on Sept 17, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	6 hrs
Due to vascular hypertension	2 yrs
Due to vascular sclerosis and chronic interstitial nephritis	
Other conditions (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations
Of autopsy

131a

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Donley Gates (M. D. or other) D.O.
Address Dixon, Mo. Date signed 9-19-44

1170

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 1944

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 T. C. Brannerhaven

Licensed Embalmer No. 3664

P. O. Address Vienna 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.