

FILED JAN 15 1945
Registration District No. **10**

Primary Registration District No. **5037**

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico, Rural Salt River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H.R.5
(If not in hospital or institution, write street number or location) 1
(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 Audrain
(c) City or town Mexico, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. H.R.5 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grace B. Genrich
3. (b) If veteran, name war ✓
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 1944 hour 6 minute 30 A.M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.A. Genrich
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 15 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1, 1944 to Dec 22, 1944
that I last saw her alive on Dec 22, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 7
If less than one day _____ hr. _____ min.

Immediate cause of death Apoplexy
Due to Phlebitis of rt. leg
Due to Ectenitis (acute) & dysentery
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Cyrana, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Ho usewife
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy 83a
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Charles Smith
13. Birthplace dk (City, town, or county) (State or foreign country)
14. Maiden name Sarah A. Kingston
15. Birthplace dk (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant J.A. Genrich
(b) Address Mexico, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem
18. (a) Signature of funeral director Chas Arnold Jr.
(b) Address Mexico, Mo
19. (a) 12/23/44 (Date received local registrar) (b) Margaret H. Mackie (Registrar's signature)

While at work _____ (Specify type of place) Means of injury _____
23. Signature R. Van Hargarten (M.D. or other) E.O.
Address Mexico, Mo Date signed 12/23/44

RECEIVED

District Health Officer No. 10

District File Number 1-45-169

Date Filed JAN 12 1945

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 Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.