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 ev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAR 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8922**
 Registrar's No. **3**

Registration District No. **15**

Primary Registration District No. **568**

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

1. PLACE OF DEATH:
 (a) County **Barton**
 (b) City or town **Rural - Doyleport Township**
(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 years, months or days)
 In this community **15 years**
(Specify whether years, months or days)

3. (a) PRINT VIRGINIA W. GRUENINGER
 FULL NAME

3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wm. P. Grueninger** **6. (c) Age of husband or wife if alive** **82** years
7. Birth date of deceased **April 7 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	10	6	hr. min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

MOTHER FATHER

11. Industry or business _____
12. Name **Dickson**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Moody**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. P. Grueninger**
(b) Address **Irwin, Missouri**

17. (a) Burial **(b) Date thereof** **Feb. 15 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sheldon Cemetery**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**
(b) Address **Lamar, Missouri**

19. (a) 2-15-45 **(b) Martha Reice**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13th**
 year **1945** hour **11** minute **00** A. M.
21. I hereby certify that I attended the deceased from **1-17-45**
 _____, 19____, to **2-13** _____, 19____
 that I last saw **her** alive on **2-10** _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart block**
Rheumatic heart disease

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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)
 (c) Means of injury _____
23. Signature **W. E. Egleston** (M. D. or other) _____
Address **Sheldon** Date signed **2-15-45**

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-252
Date Filed MAR 13 1945

MAY 1 1958

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.....

Carl Konantz

Licensed Embalmer No. 2247

P. O. Address.....

Lamar, 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.