

No. 2
-8-43
-1-19-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3093**
Registrar's No. **135**

FILED FEB 11 1946

Registration District No. **164**

Primary Registration District No. **3032**

1. PLACE OF DEATH:

(a) County **Rose E. Greim Johnson**
(b) City or town **Warrensburg Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mrs. Foxe's Nursing Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 Mo.**
In this community **13 Mo.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Rural**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **16**
year **1946** hour _____ minute **11:45** P.M.
21. I hereby certify that I attended the deceased from **Jan 13** 19**46** to **Jan 16** 19**46**
that I last saw her alive on **Jan 16** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **1st. Central hemorrhage** Duration **3 days**
Due to **Myocardial infarction** **2 yrs**
Due to **Vascular disease**

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations: **g. 200**
Of autopsy: _____
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? **0**
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Ch. M. M. D.** (M. D. or other) _____
Address **Warrensburg Mo.** Date signed **Jan 18 1946**

3. (a) PRINT FULL NAME **Rose E. Greim**
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 **Widow**
6. (b) Name of husband or wife **James B. Greim** 6. (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **November 1 1865**
(Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Johnson county Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Fredrick G. Gunser**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Mack**
15. Birthplace **Johnson County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Otto Greim**
(b) Address **Warrensburg Missouri**

17. (a) **Burial** (b) Date thereof **1-19-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **S. P. Phillips**

(b) Address **Warrensburg Mo.**

19. (a) **Jan 19 1946** (b) **Sara Ann Phillips**
(Date received local registrar) (Registrar's signature)

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

1437

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.....

J. Earl Priest

Licensed Embalmer No. *3878*

P. O. Address.....

Warrensburg 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.