

U.S. BUREAU OF THE CENSUS
FILED FEB 8 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 77 46

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Oak Ridge
(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 _____

3. (a) PRINT FULL NAME CHARLES FRANCIS GREABLE

3. (b) If veteran, name war /
3. (c) Social Security No. 490-24-5421

20. DATE OF DEATH: Month 2 day 1 year 1946 hour 5 minute 45 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wilkie Mae Powell
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb 3, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 21, 1945 to February 1, 1946
that I last saw him alive on February 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the stomach
Duration _____

8. AGE: Years 69 Months 11 Days 28
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Daisy Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

11. Industry or business _____

Major findings: Of operations ✓ 468
Of autopsy ✓
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Peter Greable
13. Birthplace Daisy Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Lambaugh
15. Birthplace Sedgeville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Chas F Greable

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Feb 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Orchest Myles Jackson

(b) Address _____

19. (a) 5-1946 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

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 Arthur Ester (M. D. or other) MS
Address Jackson, Mo. Date signed 2-4-46

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

6
1
4

3842

44

District Health Officer No. 4
District File Number 246-1681
Date Filed 2-7-46

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrellville, 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.