

Registration District No. **117** Primary Registration District No. **5435** Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Gasconade**
(b) City or town **Rural - Boeuf**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
His Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **15 Miles South Of Hermann, Mo**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HEINRICH LOUIS GRANEMANN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) ~~XXXXXX~~ married, ~~XXXX~~ married
6. (b) Name of husband or wife **Lena** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **May 12th 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **-** Days **21** If less than one day hr. min.

9. Birthplace **New Haven, RFD Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Christian Granemann**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Ernstmeyer**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H.L. Granemann**

(b) Address **Hermann, Mo. R.F.D.**

17. (a) **Burial** (b) Date thereof **6/6/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stonyhill, Mo.**

18. (a) Signature of funeral director **Faust Blumer**

(b) Address **Berger, Mo.**

19. (a) **6/4/46** (b) **Mrs. Ray Schepenketter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3rd**
year **1946** hour **8** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Aug 8, 1945**
19 **June 3,** 1946
that I last saw him alive on **June 2,** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic interstitial nephritis** Duration **6 yrs.**

Due to _____

Due to _____

Other conditions **Aorticclerosis** **10 yrs.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **131/11**
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 **W. C. Jeter, D.O.** (M. D. or other) _____

Address **Hermann, Mo.** Date signed **6/4/46**

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

MOTHER FATHER

10014

100

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-8-46

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. 4
working under my personal supervision.

Signed Herman Blumer.....

Licensed Embalmer No. 528.....

P. O. Address Berger, 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.