S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1948

Registration District No. 330

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

HAMPTON

State File No. 7560

Primary Registration District No. 6202

Registrar's No.

1. PLACE OF DEATH:
(a) County: Texas
(b) City or town: Hartshorn Rural Carroll
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Texas 107
(c) City or town: Hartshorn RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joe H. Gruben
3. (b) If veteran, name war: No
3. (c) Social Security No.
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katie Gruben
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: May (Month) 30 (Day) 1863 (Year)
8. AGE: Years 84 Months 7 Days 10 If less than one day hr. min.
9. Birthplace (City, town, or county) KAN. (State or foreign country) 1
10. Usual occupation: Farming
11. Industry or business
MOTHER FATHER
12. Name: Henry Gruben
13. Birthplace (City, town, or county) Germany (State or foreign country) 1
14. Maiden name: Francis Williams
15. Birthplace (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant: Mrs Bessie McAllister
(b) Address: Summersville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Riley Cemetery
18. (a) Signature of funeral director: Duncan Fnl. Home
(b) Address: Mountain View Mo.
19. (a) Feb 9-1948 (Date received local registrar) (b) Mrs C. E. Murfin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9 year 1948 hour 1 minute P M.
21. I hereby certify that I attended the deceased from JAN 2 1948 to JAN 9 1948 that I last saw him/her alive on JAN 8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration
Due to: Senility
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0 Of autopsy:

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: 2
23. Signature: Dr Lavere Hamilton (M. D. or other) D.O.
Address: Summersville, Mo. Date signed: Jan 31

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 5,
District Number 348134
Date Filed 3-1-40

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.

Not Embalmed

Signed Joe B. Duncan

Licensed Embalmer No. 4325

P. O. Address Mtn View, 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.