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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 21 1948

Registration District No. 116

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32510

Primary Registration District No. 3020

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 415 High St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None.
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6
(If outside city or town limits, write "RURAL")
(d) Street No. 415 High St. 2
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME

Henry Greiner.

3. (b) If veteran, name war. X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Luvin Greiner.

6. (c) Age of husband or wife if alive, deceased deceased years

7. Birth date of deceased July 27th, 1868.
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 12
If less than one day hr. _____ min. _____

9. Birthplace LaPorte, Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation Saw Mill Operator.

11. Industry or business X

12. Name Sigmund Greiner,

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

14. Maiden name Mary Spetzenberg,

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

16. (a) Informant Mrs. Hlow. G. Maschmann

(b) Address 415 High St. Washington, Mo.

17. (a) Burial (b) Date thereof Oct. 13, 1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nielburg & Vitt, Inc.

(b) Address Washington, Mo.

19. (a) Oct 12, 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th,
year 1948 hour 10:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 5, 1948, to Oct. 9, 1948;

that I last saw him alive on Oct. 9, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, maxilla, left side, internal

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) 2
(e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____

Address Washington, Mo. Date signed 10/11/48

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

MOTHER FATHER

OCT 20 1948

S. J. S.

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 James F. Svoboda
Licensed Embalmer No. 4507
P. O. Address Washington

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.