

National Office of Vital Statistics
FILED JAN 31 1949

Registration District No. 58

Primary Registration District No. 4090

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Hunter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital institution: Own Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter
(c) City or town Hunter
(If outside city or town limits, write "RURAL")
(d) Street No. 1144 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Giebel

3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 50
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 24 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 22 _____ hr. _____ min.

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

10. Usual occupation Baker

MOTHER FATHER

11. Industry or business _____
12. Name Albert Giebel
13. Birthplace Germany
(City, town or county) (State or foreign country)
14. Maiden name Mary Milli Grand
15. Birthplace Germany
(City, town or county) (State or foreign country)

16. (a) Informant Chas. A. Giebel
(b) Address Hunter

17. (a) Burial (b) Date thereof 1-19-49
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hunter

18. (a) Signature of funeral director Chas. S. Pruitt
(b) Address Van Buren, Mo.

19. Jan. 21 - 1949 Chas. Ota Henson
(File received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16
year 1949 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
arterial hypertension
Due to _____
Due to _____

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

Major findings: _____
Of operations 11/11
Of autopsy 1/14

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 8
23. Signature Leaton Pruitt (Physician or other) Cor
Address Van Buren Date signed 1-16-49

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
1-24-49
District Health Officer No. 5,
District File Number 14967
Date Filed 1-26-49

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 Chas. S. Pruitt

Licensed Embalmer No. H574

P. O. Address Van Buren, 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.