

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42415

FILED JAN 5 1944 37
Registration District No.

Primary Registration District No. 4217

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Henry Mo
(b) City or town Urlich
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Urlich Mo
(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 VALENTINE B GRASHER

3. (b) If veteran, name war World War 1 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 18 1893
(Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business X

MOTHER { 12. Name Louise Grasher
13. Birthplace TRENTON Ill
14. Maiden name SOPHIA SCHLEHER
15. Birthplace NEW BADEN ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant MARIE J. GRASHER
(b) Address URICH MO
17. (a) Burial (b) Date thereof 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Georgia Cemetery
18. (a) Signature of funeral director W. J. Burgess
(b) Address Urlich Mo

19. (a) Jan 23 44 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw the deceased on _____ and that he died on the date and hour stated above.

Immediate cause of death suicide with a 2.2 cal. rifle penetrating through in head. Death was instantaneous.

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 12/20/43
(c) Where did injury occur? Urlich Henry Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place)
(e) Means of injury Rifle
23. Signature R. J. Walter (M. D.)
Address Clinton Mo Date signed 12/22/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1640

December 29, 1943 1067 (Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1944

RECEIVED
Public Health Office No. 7
File Number 12-43-1377
Exempted 1-3-44

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.