

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23990
Registrar's No. 167

National Office of Vital Statistics
FILED AUG 6/1947
Registration District No. 57947

Primary Registration District No. 5713

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Louisville township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 66y. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 42 Wile South of Tipton
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nancy Susan Grosshaider

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30 year 1947 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-27-47 1947, to 7-30 1947; that I last saw him alive on 7-27 1947 and that death occurred on the date and hour stated above.

Duration 3 da.

4. Sex Fe 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6-27-1887
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
lung congestion

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

90 1 3 hr. _____ min.

9. Birthplace Herman, Missouri Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Wm Hillebrand

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

14. Maiden name Mrs Lee

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

16. (a) Informant Wm Lee Grosshaider

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 8-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Chapel

18. (a) Signature of funeral director Wm Lee Grosshaider

(b) Address Clinton Mo.

19. (a) 7-31-47 (b) R. R. Kenney
(Date received) (local registrar) (Registrar's signature)

Major findings: _____

Of operations MC

Of autopsy _____

PHYSICIAN _____

Underline the cause of 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? home

While at work? yes (Specify type of place) _____

(e) Means of injury _____

23. Signature Wm Lee Grosshaider (M. D. or other) M.D.

Address Clinton Mo. Date signed 7-31-47

RECEIVED
District Health Officer No. 7,
District File Number 7-47-897
Date Filed 8-5-47

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.....

Frederick W. Williams
working under my personal supervision.

Registered Apprentice No. H34

Signed *Frederick W. Williams*

Licensed Embalmer No. 2498

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.