

13-17-59  
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FILED MAR 19 1941 71

Registration District No. \_\_\_\_\_

Primary Registration District No. 5769

Registrar's No. 8

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

1. PLACE OF DEATH  
(a) County Moniteau  
(b) City or town Walker Township, Rural,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home 8 Miles North Of California.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community T 50 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Moniteau  
(c) City or town Rural Walker T.P.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 Miles North Of California  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lucy Ann Griesbach

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Griesbach 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 28 1873  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>67</u>	<u>9</u>	<u>19</u>	hr. <u>1</u> min.

9. Birthplace Miller County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Leonard Wisdom

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

14. Maiden name Nancy J. Hamlet

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

16. (a) Informant Mrs Alice McDaniel

(b) Address California Mo

17. (a) Burial (b) Date thereof Feb. 18. 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moniteau Evan Cemt

18. (a) Signature of funeral director Bowlin Funeral Home  
California, MO.

(b) Address \_\_\_\_\_

19. (a) 2-18-41 (b) H.R. Popejoy  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16  
year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from May 3  
1940 to Feb. 16 1941  
that I last saw her alive on Feb. 9 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to 948

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) \_\_\_\_\_

(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? 5014

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. H. Olanow (M. D. or other) MD

Address California Date signed 3/18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Earl R. Boullis

Licensed Embalmer No. 2126

P. O. Address California, M

**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.**