

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3892 169

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852
(b) Township Polk Primary Registration District No. 6120 Registered No. 0
(c) City 1 (d) Street No. 1 St. 0
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lorin Dayton Gramling 0
(a) Residence, No. 0 St. 0 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 18 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millar, Mo.

13. NAME Wm. Oral Gramling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Missouri

15. MAIDEN NAME Kortense Clem

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Missouri

17. INFORMANT (ADDRESS) Wm Oral Gramling

18. BURIAL, CREMATION, OR REMOVAL None DATE Dec 11, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schaerck

20. FILED Dec. 31, 1941 C Leo Hagan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

Depressed fracture of
beating transverse
fracture of right
left femur. Deep
laceration of deep muscle of
Other contributory causes of importance: right arm

Date of onset

Name of operation 1700 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 9, 1941
Where did injury occur? Highway 5.6 south of Millar, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public road
Nature of injury Refer to autopsy statement

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) C Leo Hagan C Leo Hagan
(Address) Polk, Mo. Sullivan Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No: 10

District File Number -----

Date Filed -----

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.....

Frank D. Schvone

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Frank D. Schvone*

Licensed Embalmer No. *2016*

P. O. Address *Milan, 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, above space should be left blank.