

FILED APR 20 1942

Registration District No. 725 Primary Registration District No. 3009

Registrar's No. 80

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 wks  
In this community 2 wks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100  
(c) City or town White water  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Rebecca Maria Grebe

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Chris C Grebe  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased May 30 1899  
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

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

MOTHER FATHER { 12. Name James Davis

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

14. Maiden name Caroline Nance

15. Birthplace Cape Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ed Nance  
(b) Address Nealta, Mo

17. (a) Burial (b) Date thereof May 12 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Straderville Cape Co Mo

18. (a) Signature of funeral director D. S. Imhoff & Hobbs  
(b) Address Chaffee Mo

19. (a) 3-12-42 (b) J. W. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9  
year 42 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 2/20 1942, to 3/9 1942, that I last saw her alive on 3/9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Goitre - Hypothyroidism

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

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

Major findings: Of operations 6301  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Date signed 3/14/42

RECEIVED

District Health Officer No. 4

District File Number 442-497

Date Filed 4-15-62

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**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 Ms Marie Deringhoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.