

FILED SEP 13 1943

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

Primary Registration District No. 3000

Registrar's No. 221

1. PLACE OF DEATH:

(a) County. Adair  
(b) City or town. Kirkville  
(c) Name of hospital or institution: 702 W. Pierce  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community. 2 years (Specify whether \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Adair  
(c) City or town. Kirkville  
(d) Street No. 702 W. Pierce  
(e) Citizen of foreign country? No. (Yes or No)

3. (a) PRINT FULL NAME Henry Thomas Gramling

3. (b) If veteran, name war. No. 3. (c) Social Security No. none

4. Sex. Male 5. Color or race. white (a) Single, widowed, married, divorced. married

(b) Name of husband or wife. Anna Elizabeth Gramling (c) Age of husband or wife if alive. 55 years

7. Birth date of deceased. September 15, 1881

8. AGE: Years 61 Months 10 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. Sullivan Co. Missouri

10. Usual occupation. Farmer - retired 3 yrs

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

12. Name. William T. Gramling

13. Birthplace. Kentucky

14. Maiden name. Elizabeth S. Spakey

15. Birthplace. Sullivan Co. Mo.

16. (a) Informant. Mrs. W. T. Gramling

(b) Address. Kirkville, Mo.

17. (a) Burial. burial (b) Date thereof. Aug 19 1943

(c) Place: burial or \_\_\_\_\_ Dakayollen, Milan, Mo.

18. (a) Signature of funeral director. Frank D. \_\_\_\_\_

(b) Address. Milan, Mo.

19. (a) 8/10/43 (b) Mr. J. W. Quinn

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1943 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Myocardial Failure

Due to. Fatigues myocarditis

Due to. Carcinoma of bladder et. Recl. 52 F

Other conditions. None

Major findings: Of operations. No operation in past year previous to death Of autopsy. No 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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature. C. R. Schultz Address. 503 E. Bent Date signed. 8/13/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-43-1491

Date Filed SEP 10 1943

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 *Frank D. Schoen*

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, fact should be so stated above.