

FILED SEP 10 1943

Registration District No. 120 Primary Registration District No. 2000 5466 Registrar's No. 709

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural, Springfield, S. Campbell Twp.
(c) Name of hospital or institution: Route 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 12 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield, Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nathaniel Grubaugh
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Grubaugh 6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased August 2, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 24 hr. min.

9. Birthplace Terre Haute, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business On Farm

12. Name William Grubaugh

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

14. Maiden name Elizabeth Scott

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

16. (a) Informant Mrs. Emma Grubaugh

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 8/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 8-27-43 (b) W. H. Handy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26,
year 1943 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 19, 1943 to Aug. 26, 1943;
that I last saw him alive on Aug. 22, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration 1 hr.
Due to Enterocolitis (hemorrhagic) 1 hr.
Due to

Other conditions Prostatic Hypertrophy 5 M.
(Include pregnancy within 3 months of death) retention

Major findings:
Of operations
Of autopsy 1200

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) (c) Means of injury.....

23. Signature E. Allen (M.D. or other)
Address Spfld, Mo. Date signed 8-27-43

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

MOTHER FATHER

+ 43

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 *Harlow Knab*.....

Licensed Embalmer No. *4065*.....

P. O. Address *Springfield, 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.

X