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Dec 19 1946 1946-46

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED APR 29 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **12678**

Registration District No. _____

Primary Registration District No. **5327**

Registrar's No. **9**

1. PLACE OF DEATH

(a) County Crawford
(b) City or town Wesport Orange Union
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 14 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Wesport Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ray K. Greenwald.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Marie Greenwald 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 17 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Dent Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road Laborer

11. Industry or business _____
12. Name Richard Greenwald
13. Birthplace Ills
(City, town, or county) (State or foreign country)
14. Maiden name Katie Rumpf
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Greenwald
(b) Address Wesport Mo

17. (a) Burial (b) Date thereof 3-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wesport Cemetery

18. (a) Signature of funeral director L. Jones
(b) Address Wesport Mo

19. (a) 4-25-46 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11 th
year 1946 hour 3 minutes 50 P. M.

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

Immediate cause of death _____

Due to Heart Indigestion

Due to _____

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

Major findings: Of operations _____
Of autopsy 118.3

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)
(a) Means of injury 5

23. Signature Ray K. Greenwald (M.D. or other) _____
Address Wesport Mo Date signed _____

11583
66-46
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 30 1946

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 L. Jonas

....., Registered Apprentice No.

working under my personal supervision.

Signed L. Jonas

..... Licensed Embalmer No. 2379

P. O. Address Sheville 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.