No. 2
-12-45
-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

142

State File No.

FILED JAN 22 1947

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wilhite Convalesent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Grathwohl, Lena

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 11 (Month) 1868 (Day) (Year)

8. AGE: Years 78 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Timothy Grathwohl 4
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Grathwohl 1
15. Birthplace Germany 1
(City, town, or county) (State or foreign country)

16. (a) Informant Records
(b) Address Wilhite, Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Billingsville, Mo.

18. (a) Signature of funeral director James Stegner
(b) Address Boonville Mo

19. (a) 1-14-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Dec. 2 1946, to Jan 13 1947 that I last saw him alive on Jan. 13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage or Coronary block for two

Due to Arteriosclerosis several years

Due to The Woman died 20 min. after I got there.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) No

(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? No (Specify type of place)

While at work? (e) Means of injury D

23. Signature W. P. Dysart (M. D. or other)

Address Columbia Mo Date signed 1-14-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-2-47

FEB 19 1947

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.