

FILED JUL 10 1947

State File No. _____

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 58

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(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. _____
In this community 34 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
(c) City or town UNIONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VICTORIA GRABOSCH

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 WIDOWED
6. (b) Name of husband or wife CHARLES GRABOSCH 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased JUNE 27 1912
(Month) (Day) (Year)

8. AGE: 77 Years 11 Months 26 Days If less than one day _____ hr. _____ min.

9. Birthplace FLORIDA MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business HOUSEHOLD

MOTHER FATHER { 12. Name RICHARD RIDDEL
13. Birthplace FLORIDA MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name LOUISE EASTEN
15. Birthplace CINCINNATI OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Bird Bennett
(b) Address Unionville, Mo

17. (a) BURIAL (b) Date thereof JUNE 26 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director COASTOCK FUNERAL HOME
(b) Address UNIONVILLE MO. By J. W. Coastock

19. (a) 7-3-47 (b) Marshall Durbin State
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23
year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 10 1946 to June 23 1947
that I last saw her alive on June 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Bacterial) Duration _____

Due to Periculous Anemia

Due to _____

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

Major findings: Of operations NO Of autopsy _____
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 2

23. Signature H. W. Gillman (M. D. or other) MD
Address Unionville Mo Date signed 6-27-47

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

RECEIVED
District Health Officer No. 10
District File Number 2-47-268
Date Filed JUL - 8. 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 Comstock
Licensed Embalmer No. 4197
P. O. Address Unionville, 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.