

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36895

Registration District No. 369

Primary Registration District No. 6239

Registrar's No. 14

1. PLACE OF DEATH: **D**

(a) County Washington

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

(c) Name of hospital or institution:
3 miles north of Caledonia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community life
years, months or days _____

2. USUAL RESIDENCE OF DECEASED: **170**

(a) State Missouri (b) County Washington

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

(d) Street No. 3 miles north of Caledonia
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George Lamar Grenia

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1947 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 10
1947 to Oct 17, 1947
that I last saw him alive on Oct 15, 1947
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Grace Grenia

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec 24 1899
(Month) (Day) (Year)

Immediate cause of death

Lobar pneumonia
from carcinoma
of liver and
blow gastro-intest
tract
Hot

Due to _____

Due to _____

Other conditions (Include pregnancy within 9 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

47 9 23 hr. min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Grenia

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

{ 14. Maiden name Mary Hughes

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

16. (a) Informant Mrs. Grace Grenia

(b) Address Caledonia Mo.

17. (a) burial (b) Date thereof 10-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address 25 W. Main Ironton Missouri

19. (a) 10-24-47 (b) Ella J. White
(Date received local registrar) (Registrar's signature)

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. F. ... (M. D. or other) 10/17/47

Address Bellevue Mo Date signed 10/17/47

(Licensed Embalmer's Statement on Reverse Side)

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



RECEIVED

Sanitary Health Officer No. 4
District File Number 1047-1354
Date Filed 10-27-47

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 Lucas & White
Licensed Embalmer No. 3012
P. O. Address Clinton, 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.