

No. 2
-1/47
-17-39

FILED NOV 22 1947
Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **41 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

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

(d) Street No. **230 N. Wall** **5**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country.....

3. (a) PRINT FULL NAME **Carl (Pop.) Griesser**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Ella Griesser** 6. (c) Age of husband or wife if alive **88** years

7. Birth date of deceased **May 23, 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	3	17 hr. min

9. Birthplace **Buhl, Germany** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Restaurant**

12. Name **Anton Griesser**

13. Birthplace **Buhl, Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Magdalena Maier**

15. Birthplace **Grisen, Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Griesser**
(b) Address **Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **9/13/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope**

18. (a) Signature of funeral director **Hurlbut Mortuary**
(b) Address **Joplin, Mo.**

19. (a) **9-13-47** (b) **Delores Sampkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **10th**
year **1947** hour **3** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Aug 9**
....., 19 **47** to **Sept 10** 19 **47**
that I last saw him alive on **Sept 9** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia** **24-30 hrs**

Due to **Cordis - renal pleura** **?**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: **mit**

Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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?.....
(Specify type of place)

While at work?..... (e) Means of injury **0**

23. Signature **Jachenowich** (M. D. or other) **0**
Address **Joplin Mo** Date signed **9/12/47**

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

MOTHER FATHER

FEB 28 1950

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 *Ferry K. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.