

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

State File No. ....

FILED MAR 4 1948

Registration District No. ....

Primary Registration District No. 5880

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Linn, MO. RFD 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME EMMA MARIE GRIECHEN

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Otto Griechen  
6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased Aug. 28, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 5 20 hr. min.

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

10. Usual occupation House wife

11. Industry or business.....

MOTHER FATHER { 12. Name Herman Aselmeyer 4  
13. Birthplace Germany (State or foreign country)  
14. Maiden name Caroline Hagemeyer 2  
15. Birthplace Germany (State or foreign country) ck

16. (a) Informant Edward Griechen  
(b) Address Linn, Mo. RFD  
17. (a) burial (b) Date thereof 2/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Evora, Mo.

18. (a) Signature of funeral director Clyde Merton  
(b) Address Linn, Mo.

19. (a) 2-25-48 (b) Ca. Schmitt  
(Date received local registrar) (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18  
year 1948 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from.....  
..... 19..... to..... 19.....  
that I last saw her alive on February 17 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia -  
Influenza. Duration 7 days

Due to Arterial hypertension - Hypertensive Heart Disease Years  
Due to Generalized arteriosclerosis Years  
Rheumatoid arthritis Years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None 23A

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?

While at work? (Specify type of place) (e) Means of injury.....  
23. Signature Cavell T. Shaw, MD. (M. D. or other) 2  
Address Hermann, Mo. Date signed 2-20-48

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

**RECEIVED**  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3/3/08

**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 Vernon M. Morton  
Licensed Embalmer No. 4125  
P. O. Address Lincoln

**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.