

S. No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7788
State File No. _____
Registrar's No. 7

Registration District No. 30 Primary Registration District No. 4038

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

1. PLACE OF DEATH:
(a) County BENTON
(b) City or town WARSAW
(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 _____ (Specify whether)
In this community 2 1/2 years
years, months or days

3. (a) PRINT FULL NAME MARY MARGERT GRABOWSKI
(b) If veteran, name war NO
(c) Social Security No. NO

4. Sex FEMALE 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife WILLIAM GRABOWSKI
(c) Age of husband or wife if alive 66 years
7. Birth date of deceased APR 11 20 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 22 hr. min.

9. Birthplace Shelby County IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER {
12. Name FRANK MATHINE
13. Birthplace (Unknown) ILL
(City, town, or county) (State or foreign country)
14. Maiden name ANNA SCHRAM
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant William Grabowski
(b) Address Warsaw, Missouri

17. (a) Burial (b) Date thereof 3/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director RESER FUNERAL HOME

(b) Address WARSAW, MO

19. (a) 3/20/48 (b) Joe A. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BENTON
(c) City or town WARSAW
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 12
year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1948 to Mar. 12, 1948; that I last saw her alive on Mar. 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 2 mos.

Due to _____

Due to _____

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

Major findings:
Of operations (6)
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 _____

23. Signature Burchall (M. D. or other) DO
Address Warsaw, Mo. Date signed 3/13/48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-262

Date Filed 3-22-48

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.....

John J. Pusey

Licensed Embalmer No.....

4098

P. O. Address.....

Warsaw

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.