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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 19 1948
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

State File No. 32696

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Urich
(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 John Greufe

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 10 (Month) 11 (Day) 1948 (Year)

8. AGE: Years | Months - | Days | If less than one day 6 hr. min.

9. Birthplace Clinton (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Eugene Greufe
13. Birthplace Urich (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Evelyn Batt
15. Birthplace Urich (City, town, or county) Mo (State or foreign country)

16. (a) Informant Eugene Greufe
(b) Address Urich Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Sickman-Dunning
(b) Address Clinton Mo

19. (a) 10-12-48 (Date received by local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1948 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 11 OCT, 1948 to 11 OCT, 1948
that I last saw him alive on 11 OCT, 1948
and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death ATELECTASIS	
Due to PREMATURITY	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. B. Walker (M. D. or other) MD
Address Clinton, Mo Date signed 12 OCT. 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 9-48-12
Date Filed 10-18-48

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.....

not embalmed....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.