

FILED SEP 22 1948

Registration District No.

Primary Registration District No. **3000**

Registrar's No. **269**

1. PLACE OF DEATH:

(a) County **Adair**

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

(c) Name of hospital or institution: **Laughlin Hosp**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether)

In this community **1 day**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**

(c) City or town **Queen City**
(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 Gramsch**

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 **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **3** years (Day) (Year)

7. Birth date of deceased **Dec 3 1895**
(Month) (Day) (Year)

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

52 **9** **3** hr. min.

9. Birthplace **Near Queen City Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Same**

12. Name **Unknown**

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

14. Maiden name **Russie Gramsch**

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

16. (a) Informant **Miss Mary Gramsch**

(b) Address **Queen City Mo**

17. (a) **Burial** (b) Date thereof **9-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Germania Cmt**

18. (a) Signature of funeral director **Wm G West**

(b) Address **Queen City Mo**

19. (a) **9-17-48** (b) **Wate Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **6**
year **1948** hour **5** minute **48** A.M.

21. I hereby certify that I attended the deceased from **9-5-48**, 19... to **9-6-48**, 19...
that I last saw him alive on **9-6-48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of skull and laceration of brain**
Due to **Fall down stairs**

Due to **✓**

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

PHYSICIAN

Major findings: **✓**
Of operations **✓**

Of autopsy **✓** **186A**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 98**

(b) Date of occurrence **9-5-48**

(c) Where did injury occur? **R3 Queen City Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **At Home Schuyler Co**

While at work? **✓** (Specify type of place) (e) Means of injury **Fall down stairs**

23. Signature **Carl Laughlin DO**

Address **Turksville Mo** Date signed **9-16-48**

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

Duplicate

0

RECEIVED

District Health Officer No. _____

District File Number 9-48-165

Date Filed SEP-21-1948

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 Wm H West

Licensed Embalmer No. 2882

P. O. Address Green City 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.