

Registration District No. 212

Primary Registration District No. 5780

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Clear Sabine
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 18.P

3. (a) PRINT FULL NAME GRACE LIETZKE

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____
alive _____ years

7. Birth date of deceased SEPT. 30 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 19. hr. min.

9. Birthplace Russellville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name W. J. Johnston

18. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Ryan

15. Birthplace Russellville Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Cindy Johnston
(b) Address Enon Mo.

17. (a) Burial (b) Date thereof 1-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem

18. (a) Signature of funeral director W. J. Johnston
(b) Address Russellville Mo.

19. (a) 1-20-47 (b) Alverta W. Wolf
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
(c) City or town Clear 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 19
year 1947 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan 18 1947 to Jan 18 1947
that I last saw her alive on Jan 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus Duration 5 years

Due to _____
Due to _____

Other conditions Spondylitis (spine)
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy WJ

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 W. J. Johnston (M.D. or other) WJ
Address Enon, Mo. Date signed 1/20/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 27 1941

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 *E. M. Steffens*
Licensed Embalmer No. *2307*
P. O. Address *Russellville 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, above space should be left blank.