

REC'D SEP 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28971

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 222
 (b) Township Pilot Grove Primary Registration District No. 4135 Registered No. 10
 (c) City Pilot Grove (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 632 Pilot Grove, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Grotzinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 29 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Work

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Aug 9 - 1933 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

FATHER 13. NAME Ferdinand Grotzinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk known France

MOTHER 15. MAIDEN NAME unk known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk known Germany

17. INFORMANT (ADDRESS) Marie Grotzinger Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cem. Private 8-17-39

19. FUNERAL DIRECTOR (ADDRESS) Faye & Stocklein Pilot Grove, Mo

20. FILED 8/12 1939 Mrs. E. B. McClutcheon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1939, to Aug 10 1939

I last saw him alive on Aug 10 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8-8-39

Other contributory causes of importance: Chronic Myocarditis
Mental degeneration

Name of operation no Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Chas. A. Dandy, M. D. (Signed) _____

(Address) Pilot Grove, Mo

RECEIVED
District Health Officer No. 8,
District File Number
9/2/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Lepton E. Hays, Licensed Embalmer No. 3074
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by
working under my personal supervision. Registered Apprentice No.

Signed Lepton E. Hays
Licensed Embalmer No. 3074

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.)