

FILED APR 3 1940

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

12739
Do not use this space.

1. PLACE OF DEATH
 (a) County Wagon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162 Registered No. 92
 (c) City Belton, Mo (d) Street No. State Hospital #3 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 4 yrs. 15 mos. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Groh
 (a) Residence, No. Belton 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 Annie Groh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>77</u>	<u>11</u>	<u>16</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County, Mo

FATHER
 13. NAME George Groh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
 15. MAIDEN NAME Mary Trecher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) Stoop, Reed

18. BURIAL, CREMATION, OR DISPOSAL
 PLACE Belton, Mo DATE March 2, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. Leager & Sons
Belton, Mo

20. FILED Mar. 22, 1940 Allen V. Hays
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1940, to Feb. 29, 1940
 I last saw h. alive on Feb. 29, 1940 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Hypostatic Pneumonia 2/23/40

Date of onset

Other contributory causes of importance:
Generalized arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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 _____
 (Signed) Wm. J. Cramer M. D.
 (Address) Marion, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE LAINLY, WITH UNFADING IMPRESSIONS IS A PERMANENT RECORD

92C

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE: APR 4 - 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 *Richard E. Seegal*

Licensed Embalmer No. *3958*

P. O. Address *Bella 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12739
Registrar's No. 92

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 875

Primary Registration District No. 6162

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

1. PLACE OF DEATH:

(a) County Sternon
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME John Groh
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 16 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 29
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the _____ date and hour stated above.

Immediate cause of death Chr. myo Carditis
hypostatic pneumonia
Labor type - bilateral
Due to _____
Due to _____
108

Other conditions _____ (Include pregnancy within 3 months of death)
Generalized Arterio Sclerosis
Major findings:
Of operations _____

Of autopsy _____
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 Wm J. Greener (M. D. or other) _____
Address Waverly _____ Date signed _____

SUPPLEMENTARY

S-12739 1940