

TUESDAY MAY 5 1940

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

14754
Do not use this space.

1. PLACE OF DEATH

(a) County Dairness Registration District No. 254
(b) Township Pattonburg Primary Registration District No. 4154
(c) City Pattonburg or (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Elmer Grottecke
(a) Residence, No. Pattonburg St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Madie Grottecke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 - 1888
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 1 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Section Foreman
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) Hannibal Mo.

13. NAME Abraham Grottecke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Manerica McClinton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Albert E. Grottecke Pattonburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattonburg Mo. DATE April 24 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed Schorner Pattonburg Mo.

20. FILED Apr 24 1940 Travis C. Sutton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw her alive on April 21 1940 Death is said to have occurred on the date stated above, at 12:40 P.M. The principal cause of death and related causes of importance were as follows:

Sudden Impact from Collision with Train.
Other contributory causes of importance: Fracture of Right Leg - 7/23/39
Lung from & Shards from Both Leg Bones. Illness.
Fract. Hip Bone.

Name of operation Fract. Hip Bone. 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 7/23 1939
Where did injury occur? on RR. Truck 2 miles west of Pattonburg Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Collision with train
Nature of injury Fracture of hip bone

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John Grottecke, M. D.
(Address) Pattonburg Mo.

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

JAN 8 1945

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..... *G. S. Granger*

Licensed Embalmer No. *2857*

P. O. Address *Patonsburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.