

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

31498

Registrar's No.

995

OCT 10 1940

85

Primary Registration District No. 5127

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

## 1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
Bell Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
In this community 70 years 7 Mo. 25 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE W. GROSHONG3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Martha Jane 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased Jan. 15 1870  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
70 7 25 hr. min.9. Birthplace Buchanan County Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Nathan Groshong13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Weaver15. Birthplace Bayfield County Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Martha J. Groshong(b) Address Bell Road St. Joseph Mo.17. (a) Burial (b) Date thereof 9-12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ashland Cemetery18. (a) Signature of funeral director FLEEMAN & SON INC.(b) Address St. Joseph Mo.19. (a) 9-11-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Bell Road  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th.  
year 1940 hour 7 minute 30 A. M.21. I hereby certify that I attended the deceased from May 4-1940  
to Sept 10 1940  
that I last saw him alive on Sept 4 1940  
and that death occurred on the date and hour stated above.Immediate cause of death [Signature]  
Due to [Signature]

Due to \_\_\_\_\_

Other conditions 9212  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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? 85

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. or other \_\_\_\_\_  
Address [Signature] Date signed 9-11-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Geo. C. Daniel

Licensed Embalmer No. 3300

P. O. Address St. Joseph, 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.**