

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

FILED NOV 25 1940

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

36261  
Do not use this space.

1. PLACE OF DEATH  
 (a) County ST. FRANCOIS Registration District No. 33  
 (b) Township RANDOLPH Primary Registration District No. 6094B  
 (c) City LEADWOOD (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 JOHN ROBERT GROVE  
 (a) Residence, No. Leadwood 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/1/40

7. AGE YEARS MONTHS DAYS I LESS than 1 day, 4 hrs. or 0 min. 0 0 0 4 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) LEADWOOD Mo

FATHER 13. NAME NAY GROVE  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gumbo Mo

MOTHER 15. MAIDEN NAME ELIZABETH MARGARET LEADE  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LEADWOOD Mo

17. INFORMANT (ADDRESS) NAY GROVE Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leadwood DATE 6/2 1940

19. FUNERAL DIRECTOR (ADDRESS) W. Boyer & Sons Leadwood Mo

20. FILED Nov 3, 1940 W. C. Dubelch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 1 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1940, 1940, to 6-1-1940, 1940  
 I last saw him alive on 6-1-1940, 1940. Death is said to have occurred on the date stated above, at 2:07 pm.  
 The principal cause of death and related causes of importance were as follows:  
Intracranial Hemorrhage (BIRTH INJURY)  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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 \_\_\_\_\_  
 (Signed) John W. Hunt M. D.  
 (Address) Leadwood Mo

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**