

No. 2
4-13-40
-17-39
K23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11288

State File No. _____

Registration District No. 508

Primary Registration District No. 5675

Registrar's No. 56

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

1. PLACE OF DEATH

(a) County Livingston

(b) City or town Rural - JACKSON TWP.
(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 1 (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. Jackson Township
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY E. GROUSE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Goodlaw Grouse

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased January 28, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>29</u>	<u>✓</u> hr. _____ min.

9. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James M. Grouse

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

14. Maiden name Emma Stille

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

16. (a) Informant Leo Grouse Anderson

(b) Address Welder Colorado

17. (a) Burial (b) Date thereof 3/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director James Gordon

(b) Address Chillicothe Mo.

19. (a) 3-29-41 (b) H. M. Grace, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1, 1939, to May 27, 1941;
that I last saw h. or alive on May 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
just prior to 1933

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
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? 943

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chillicothe Mo. (M. D. or other) _____
Address Chillicothe Mo. Date signed 3/28-41

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.....

James D. Gordon

Licensed Embalmer No. *1870*

P. O. Address *Chillicothe, 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.