

Registration District No. 104Primary Registration District No. 3008Registrar's No. 259

## 1. PLACE OF DEATH:

(a) County Callaway  
 (b) City or town Fulton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Callaway County Hos. D.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3  
 (Specify whether  
 In this community none  
 years, months or days)

3. (a) PRINT FULL NAME ELMER GROVES3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 10 1923  
 (Month) (Day) (Year)

8. AGE: Years 18 Months 4 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Callaway County, Mo  
(City, town, or county) (State or foreign country)10. Usual occupation In Brick Kiln

11. Industry or business \_\_\_\_\_

12. Name Forest Grove13. Birthplace Osage County, Mo  
(City, town, or county) (State or foreign country)14. Maiden name Anna Vogel15. Birthplace Osage County, Mo  
(City, town, or county) (State or foreign country)16. (a) Informant A. J. Vogel(b) Address Hasteburg17. (a) Burial (b) Date thereof 9/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Boynets Mill18. (a) Signature of funeral director Morton Funeral Home(b) Address Lima19. (a) 9-27-41 (b) R. N. Crews  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
 (c) City or town Mexico  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 27,  
 year 1941, hour 3, minute 15 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw in dead him on September - 27<sup>th</sup>, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Head wounds from Duration \_\_\_\_\_An accident while riding amotor cycle, on Highway - 54 about 4 m.from Fulton, Mo on Sept. 23<sup>rd</sup> 1941.Apparently drive chain broke, throwinghim on concrete pavement, renderedhim unconscious until death.Other conditions Accident occurred person(Include pregnancy within 3 months of death)  
by any one.Major findings: no PHYSICIAN \_\_\_\_\_

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

Of autopsy: no 110 27

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 September - 27<sup>th</sup> 1941(c) Where did injury occur? Cal. County Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on Highway - 54, while going home.While at work? no (Specify type of place) (e) Means of injury head injury23. Signature A. W. Holman (Mr., Dr., or other) CoronerAddress 8-E-8<sup>th</sup> ST. FULTON, MO Day signed \_\_\_\_\_

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....  
*This Body Not Embalmed before  
Fulton. will be embalmed later*

Signed..... *Vernon Morlan* .....

Licensed Embalmer No. *4125* .....

P. O. Address *Levin, Mo.* .....

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

**If this body is not embalmed, fact should be so stated above.**