

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33329  
8284  
Registrar's No.

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town. St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 day. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Ola Turner Grooch  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Nona Grooch 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased. Sept. 7 1888  
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 7 hr. — min.

9. Birthplace Middletown Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer  
11. Industry or business General Farmwork

MOTHER FATHER { 12. Name Franklin Grooch  
13. Birthplace Middletown Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Amanda Heist  
15. Birthplace Middletown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Nona Grooch  
(b) Address Middletown Mo.

17. (a) Removal (b) Date thereof Oct. 16-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown Mo.  
18. (a) Signature of funeral director Clifford C. Kuhse  
(b) Address 1418 1/2 W. 11th St. Mo.

19. (a) Oct 18 1941 (b) J. J. Buecks  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Montgomery  
(c) City or town Middletown Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 14  
year 41 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from 10-13 to 10-14, 1941  
that I last saw him alive on 10-14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung, right  
empyema, right

Due to.....  
Due to.....

Other conditions (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?  
(Specify type of place) (e) Means of injury.....

23. Signature Shmayer Jr (M. D. or other) 0  
Address BARNES HOSPITAL Date signed.....

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Clifford C. Kuchner*

Licensed Embalmer No.....

3059

P. O. Address.....

Wellsville N.Y.

**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.**