

Registration District No. 2

Primary Registration District No. 205

1. PLACE OF DEATH:
(a) County ANDREW
(b) City or town SAVANNAH MO
(c) Name of hospital or institution:
727 W. Williams
(d) Length of stay: In hospital or institution TWO MONTHS
In this community known
years, months or days

3. (a) PRINT FULL NAME MRS. LILLIE M. GROVES
3. (b) If veteran, name war —
3. (c) Social Security No. no

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife W. W. GROVES
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased NOV 29 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 20
If less than one day hr. min.

9. Birthplace ANDREW CO MO MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business
12. Name GEORGE C. OSBORN
13. Birthplace UNKNOWN OHIO
(City, town, or county) (State or foreign country)
14. Maiden name SUSAN MEDONALD
15. Birthplace ANDREW CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ernie Holt
(b) Address Savannah mo

17. (a) Coke Ridge Cemetery (b) Date thereof Sept-21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Coke Ridge Cemetery

18. (a) Signature of funeral director Fred Johnson
(b) Address Savannah mo

19. (a) Sept 20-41 (b) Mrs. Jennise Rash
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ANDREW
(c) City or town COSBY
(d) Street No. 727 W. Williams
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Sept day 19
year 1941 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 7/20/41
1941, to 9/19 1941,
that I last saw h. w alive on 9-19 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
Due to Chronic Myocarditis
Other conditions III C
(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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) —
While at work? — Means of injury —

23. Signature Clifford K. Hedley (M.D. or other) —
Address Savannah Mo Date signed 9/20/41

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

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..... *Fred Terhune*

Licensed Embalmer No. *1279*

P. O. Address *Savannah Ga*

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.