

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 23 1942

Registration District No. 247

Primary Registration District No. 1179

Registrar's No. _____

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town ST. CLAIR
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME MAE GROFF

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 DIVORCED

6. (b) Name of husband or wife SPENGER GROFF

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased FEB. 19, 1897
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name LEVI JOHNSON

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

MOTHER FATHER { 14. Maiden name ELLA KIMBERLIN

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

16. (a) Informant's own signature Mae Stelling

(b) Address St. Clair, Mo.

17. (a) BURIAL (b) Date thereof MAY 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE

18. (a) Signature of funeral director Cady + Lent

(b) Address ST. CLAIR, MO

19. (a) 5/19/42 (b) Op J. King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN

(c) City or town ST. CLAIR
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8th
year 1942 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from May - 5 - 42 to May 8 1942
that I last saw her alive on May 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of Ovary and
uterus -

Due to _____

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 4/17-42. Cancer -

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? _____

While at work? _____ (Specify type of place) _____

(a) Means of injury _____

23. Signature W. E. K. K. K. (M. D. or other) _____

Address St. Clair Date signed 7/7

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

REV. 3-17-33 1 X1931

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.

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 *J. M. Lunt*
Licensed Embalmer No. *3601*
P. O. Address *St. Clair, 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, above space should be left blank.