

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21974

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Fair Grounds
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. Mo. State Fair Grounds
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1942 hour 3:30 minute a M.
21. I hereby certify that I attended the deceased from _____
_____ 1942 to June 17 1942
that I last saw him alive on June 17 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME GERTRUDE LOUISE GROTHER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 48724 8304

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced 5.0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 20, 1923
(Month) (Day) (Year)

8. AGE: Years 18 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Watauga Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Rudolph Grother

13. Birthplace Sedalia Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name Sturtevant Mayant Stoller

15. Birthplace Appleton City Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant: Rudolph Grother

(b) Address Sedalia

17. (a) Burial (b) Date thereof 6/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ms. Langellin Bros

(b) Address Sedalia Mo

19. (a) 6/18/42 (b) Ms Anna Berger
(Date received local registrar) (Registrar's signature)

Immediate cause of death: Myocardial Infarction
Due to cause undetermined

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? _____

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

23. Signature Wm J Beckemer (M. D. or other) _____
Address Sedalia Mo Date signed 6/18/42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

80
6
4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-9-43

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21974

Registration District No. 664

Primary Registration District No. 3032

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Gertrude Louise Grother

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 20 1919
(Month) (Day) (Year)

8. AGE: Years 19 Months 10 Days 17 (If less than one day _____ min.)

9. Birthplace Waterloo Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUN Day 17
year 1942 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____, and that death occurred on the date and hour stated above.
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
parenchymatous D.K.
Due to cause unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 1318

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?

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

23. Signature W. A. Beckman (M. D. or other) _____
Address Sedalia mo Date signed 8/12/42

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

SUPPLEMENTARY

Duration
D.K.
PHYSICIAN
Underline the cause to which death should be charged statistically.

