

ED MAY 11 1943

Registration District No. 7

Primary Registration District No. 5772

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Rural Shamrock W  
(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 Home  
(Specify whether  
In this community 6 yrs  
years, months or days)

3. (a) PRINT FULL NAME Samuel Martin Groceman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Groceman 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Dec 22 nd 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Columbus Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name August Groceman  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Palmer  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. 33 Fannie Groceman  
(b) Address Mineola Mo

17. (a) Burial (b) Date thereof 4-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery St. Louis Mo

18. (a) Signature of funeral director C. W. Hopkins  
(b) Address Montgomery City Mo.

19. (a) 4-12-1943 (b) Love Thomsen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles North West Mineola Mo  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1943 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Aug 1  
19 42 to April 9 19 43  
that I last saw h. em live on March 22 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Chronic Myocarditis  
Due to Chronic Bronchitis

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 James O. Helm (M. D. or other)  
Address New Florence Mo Date signed 4-9-43

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

1400

1169

**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 me on the  
9~~th~~th day of April 1943....., Registered Apprentice No.....  
working under my personal supervision.

C. W. Hopkins

Signed

*C. W. Hopkins*

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.**