

S. No. 2
M-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18300

FILED JUN 12 1943

State File No.

Registration District No.

Primary Registration District No. 4299

Registrar's No. 18

1. PLACE OF DEATH:

(a) County LINN

(b) City or town Bucklin

(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 16 yrs - (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn

(c) City or town Bucklin (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 -

3. (a) PRINT FULL NAME LAURA ALICE GROCE

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

4. Sex F. m. 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased March 12, 1885 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business -

MOTHER FATHER { 12. Name John Ogle

{ 13. Birthplace Chatanga Co. Tenn (City, town or county) (State or foreign country)

{ 14. Maiden name Christina McClure

{ 15. Birthplace Chatanga Co. Tenn (City, town or county) (State or foreign country)

16. (a) Informant Terris C. Groce

(b) Address Bucklin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Co

18. (a) Signature of funeral director Persons Funeral Service

(b) Address Bucklin Mo.

19. (a) 5-1-43 (Date received local registrar) (b) Wayne W. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1943 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11/15, 1936, to 4/30, 1943, that I last saw her alive on 4/30, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Cirrhosis of Liver

Due to -

Other conditions 1248 (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 R. C. Spear (M. D. or other) MD Address Bucklin, Mo. Date signed 5/2/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

45 p (Licensed Embalmer's Statement on Reverse Side)

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.....

E. A. Larson

Licensed Embalmer No. *4037*

P. O. Address *Bucklin 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.