

FILED JAN 19 1944

Registration District No. 121

Primary Registration District No. 5452

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural - Boone Twp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39
(c) City or town Ash Grove 1
(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 Henry C. Groneman

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-16-0136

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L. Wetta Cowan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 9 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Chris Groneman
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henry Groneman

(b) Address Ash Grove Mo

17. (a) Burial (b) Date thereof Dec 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Gene Bim

(b) Address Walnut Grove Mo.

19. (a) Dec 9 1943 (b) Go Bim
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1943 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 8
1943 to Dec 8 1943

that I last saw him alive on Dec 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 hr

Due to Chronic Coronary Disease 2 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 940

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm

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

23. Signature Dr. Morris H. ... (M. D. or other) _____

Address Ash Grove, Mo. Date signed Dec 9, 1943

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

1254

RECEIVED

Greene County Health Office;

County File Number 44-15-13

Date Filed 1-13-44

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.....

~~3856~~ *J. W. Birch*
Licensed Embalmer No. 3856

P. O. Address Wm. Brown, 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.