

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3542
Registrar's No. 19

FILED FEB 14 1944
Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: St. Elizabeth Hospital
(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 Marion
(c) City or town Monroe City
(If outside city or town limits, write "RURAL")
(d) Street No. P. R. # 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wylder L. Groff
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased January 10, 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 7
year 1944 hour 10 minute 00 P. M.
21. I hereby certify that I attended the deceased from Jan - 5 - 44
19 44 to Jan 7 19 44
that I last saw her alive on Jan 7 19 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 11 27 hr. min.
9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Immediate cause of death Pulm. Pneumonia Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 108
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business _____
12. Name Isaac T. Groff
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Eales
15. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Verle Darnell
(b) Address Hannibal Missouri
17. (a) Burial (b) Date thereof 1-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olive
18. (a) Signature of funeral director Wm M Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 1-10-44 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

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 H Lawrence (M. D. or other) _____
Address Hannibal Mo Date signed Jan - 10 - 44

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

144p

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.....

..... Georget Bond Registered Apprentice No. 350
working under my personal supervision.

Signed..... 

..... Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.