

S. No. 2
M-2-43
7-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18785

State File No. _____

FILED MAY 17 1944

Primary Registration District No. 5881

Registrar's No. _____

76
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Belle, Mo. R.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 74 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Belle, Mo. R.D.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lina Ann Groff

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th, year 1944 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 24-43 to April 5 1944 and that death occurred on the day and hour stated above.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 13th, 1870-69
(Month) (Day) (Year)

Immediate cause of death: Hypertension Malnutrition
oblong heart

Due to _____

Due to _____

Other conditions: 4502
(Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 10 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife.

Major findings: 4502

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

FATHER { 12. Name Nicholas Shankes

13. Birthplace _____
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Belle Steward

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. B. Ridenhour

(b) Address Belle, Mo. R.D.

17. (a) Burial (b) Date thereof 4-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buck Elk Cemetery

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) 44-9-44 (b) T. D. Dubruiellet
(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) no

(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?
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Belle, Mo. Date signed 4/6/44

12XB

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-15-44

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Lenny, Ms

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.