S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30797

State File No.

Registration District No. 8W

Primary Registration District No. 3017

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Booneville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Josephs. Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 days (Specify whether
In this community 41 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Dalton
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Catherine Grotjan

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William H. Grotjan

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

7. Birth date of deceased November (Month) 7 (Day) 1857 (Year)

8. AGE: Years 86 | Months 9 | Days 29 | If less than one day ___ hr. ___ min.

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

10. Usual occupation House wife

11. Industry or business Same

FATHER
12. Name Englebert Langenhovel
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Augusta Haupt
15. Birthplace (City, town, or county) Prussia (State or foreign country)

16. (a) Informant Herman Schwitzey

(b) Address Boonville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/44 (Month) (Day) (Year)

(c) Place: burial or cremation Dalton Cemetery

18. (a) Signature of funeral director K. P. McCrary

(b) Address Glasgow Mo

19. (a) Sept 8-44 (Date received local registrar) (b) Archas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6 year 1944 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from July 26, 1944, to Sept 6, 1944; that I last saw her alive on Sept 6, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hepatitis	8wks.
Due to Common duct obstruction by gall-stone	8wks
Due to Chronic Cholecystitis	2yrs
Other conditions Pyelitis, bilateral (Include pregnancy within 3 months of death)	3wks

Major findings:
Of operations None performed

Of autopsy 12" 6 2"

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other) M.D.

Address Boonville, Mo. Date signed 9/7/44

1058

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-10-44

OCT 17 1944

JUL 14 1956

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 R. P. McLary

Licensed Embalmer No. 3153

P. O. Address Glasgow 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.