

FILED JAN 13 1945

Registration District No. _____

Primary Registration District No. 4456

Registrar's No. 29

1. PLACE OF DEATH:

(a) County St Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community Two years
years, months or days)

3. (a) PRINT FULL NAME LOUIS Grant Groves.

3. (b) If veteran, name war None 3. (c) Social Security No. 486-12-9159

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: Oct 19 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Railroader

11. Industry or business Track & Spantment

12. Name Arthur Groves

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

14. Maiden name Mary Young

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

16. (a) Informant Elizabeth Martin

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof Dec 6 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Crem Frank Lee

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) 12-6-1944 (b) Jork M. Wells
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair

(c) City or town Appleton City
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1944 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from May
1, 1942 to Dec 3, 1944

that I last saw him alive on Dec 3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Heart failure
Coronary Occlusion

Due to Cardiac decompensation
with edema

Due to Hypertension
Chronic nephritis

Other conditions _____
(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 0

23. Signature R. L. Harrison (M. D. or other) MD

Address Appleton City Mo Date signed 12-6-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3
1
0

District Health Officer No.

District File Number 12-44-1501

Filed 1-12-45

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 Me
on the 4th day of Dec. 1944, Registered Apprentice No. _____,
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 10994

P. O. Address Appleton City

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.