V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1945

Registration District No. 205

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4452 Groce

State File No. 10520

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Wentzville (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 years, months or days) Life

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town Wentzville (If outside city or town limits, write "RURAL") 92

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME Nathan R. Groce.

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 10 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
78	3	10	hr. min.

9. Birthplace Forestell (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Monument Work.

11. Industry or business

FATHER
12. Name Lewis Groce. 9
13. Birthplace " " (City, town, or county) " (State or foreign country) 1

MOTHER
14. Maiden name Julia A. Cannon 9
15. Birthplace " " (City, town, or county) " (State or foreign country) 1

16. (a) Informant Gladys Broyles.

(b) Address Wentzville. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23-45 (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville

18. (a) Signature of funeral director [illegible]

(b) Address Wentzville. Mo.

19. (a) Feb 28/45 (Date received local registrar) (b) Gertrude S. Forstell (Registrar's signature)

681

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1945 hour 6 00 minute P M.

21. I hereby certify that I attended the deceased from May, 1941, to Feb., 1945 that I last saw him alive on 2/20, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. C. McMurray (M.D. or other) MD

Address Wentzville, Mo Date signed 2/24/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 4-3-45

JUN 28 1945

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 T. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.