

1. PLACE OF DEATH
 (a) County Polk
 (b) City or town St. Clement (Within city limits)
 (c) Name of hospital or institution: _____
 (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 MO (b) County Polk
 (c) City or town St. Clements (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 X

3. (a) PRINT FULL NAME HENRY GROTE
 (b) If veteran, name war X
 (c) Social Security No. none

20. DATE OF DEATH: Month April day 12
 year 45 hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single
 (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased: Oct 10 1870
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 5 Days 13 If less than one day _____ hr. _____ min.

Immediate cause of death Heart attack Duration _____

9. Birthplace St. Louis MO.
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

MOTHER FATHER { 12. Name Jac. Grote
 13. Birthplace Germany
 14. Maiden name Adelle Wappner
 15. Birthplace Germany

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

16. (a) Informant Mr. Louis Grote
 (b) Address Bowling Green Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Heart attack
 (b) Date of occurrence April 1945
 (c) Where did injury occur? St. Clements Polk Mo.
 (City or town) (County) (State)

17. (a) Burial (b) Date thereof 4 4 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in the home

(c) Place: burial or cremation St. Clements

While at work? no (Specify type of place) (e) Means of injury Heart attack

18. (a) Signature of funeral director Wm. T. Bannard
 (b) Address Bowling Green Mo.

23. Signature Ed Woodruff (a) D. or other _____

19. (a) April 10-45 (b) Mr. Frank Soden
 (Date received local registrar) (Registrar's signature)

Address Lawrence Mo. Date signed 4-4-45

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

517896 10-11-44

RECEIVED
District Health Officer No. 10
District File Number 5-45-731
Date Filed MAY 4 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 *Wm. Danfe Reed*

Licensed Embalmer No. *2214*

P. O. Address *Bowling Green 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.