

B. No. 2
-9-4-41
5-17-39
PI X29484

FILED NOV 9 1945 STANDARD CERTIFICATE OF DEATH

33331
State File No. 303
Registrar's No.

Registration District No. 47 Primary Registration District No. 3008

14
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23d
In this community 23d
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Chariton
(c) City or town Dalton
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wm August Grotjan
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 1st
year 1945 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from 9-8-
1945 to 10-1- 1945
that I last saw him alive on 10-1- 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 3 1865
(Month) (Day) (Year)

Immediate cause of death Cardiac Decom-
pensation (massive hypertrophy
followed by dilatation),
Due to Chronic interstitial
myocarditis
Due to Generalized arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy carcinoma of bladder,
terminal Pulmonary Hypertension

8. AGE: Years Months Days If less than one day
80 5 28 hr. min.
9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name August Grotjan
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Mary Baker
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

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
23. Signature J. B. Stokes (M. D. or other) MD
Address Fulton Date signed 10-1-45

16. (a) Informant Mrs. Anna Mae Bushsch
(b) Address Dalton, Mo.
17. (a) Removal (b) Date thereof 10/2/45
(Burial, cremation, or removal) (Monthly) (Day) (Year)
(c) Place: burial or cremation Brunswick, Mo.
18. (a) Signature of funeral director Halleck Funeral Home
(b) Address Fulton, Mo. J. C. Brown
19. (a) 10-2-45 (b) John M. Davis
(Date received local registrar) (Registrar's signature)

Duration Wks
Yrs
52h
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11-8-45

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Benjil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton 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.