S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 88341

Registration District No. 379 Primary Registration District No. 4553 Registrar's No.

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

1. PLACE OF DEATH:
(a) County WRIGHT
(b) City or town MANSFIELD
(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)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WRIGHT
(c) City or town MANSFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred J. Grover
3. (b) If veteran, name war NONE
3. (c) Social Security No. 500-05-9477
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Russie Marbutton Grover
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased JUNE (Month) 15 (Day) 1876 (Year)

8. AGE: Years 69 Months 7 Days 3 If less than one day hr. min.

9. Birthplace ELMYRA (City, town, or county) New York (State or foreign country)
10. Usual occupation MECHANIC
11. Industry or business RADIO —
FATHER
12. Name Joseph Grover
13. Birthplace NOT KNOWN — (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ETTA HICKS
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Russie Grover
(b) Address MANSFIELD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 20 1946 (Month) (Day) (Year)
(c) Place: burial or cremation MANSFIELD CEMETERY
18. (a) Signature of funeral director G. A. Steffe
(b) Address MANSFIELD MO
19. (a) 1-22-46 (Date received local registrar) (b) Irene C. Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 18 year 1946 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Probably Coronary Thrombosis
Due to This Man died Suddenly and Without Medical Aid
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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
23. Signature George Steffe (M.D. or other) (Coroner)
Address Mt. Grove Mo Date signed 1/18/46

349 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 246-182
Date Filed FEB 28 1946

MAR 11 1946

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 F. A. Stiffle

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.