S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13661

Registration District No. 158 Primary Registration District No. 5590 Registrar's No. 188

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

12567

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town BIG RIVER TWSHIP Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: House Springs — Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50

(c) City or town RURAL ~~MERAMEC~~ BIG RIVER TWSHIP
(If outside city or town limits, write "RURAL")

(d) Street No. Near Dittmer Mo
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARTHA GRUPE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife GEORGE H. GRUPE

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased OCTOBER 16 — (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business OWN HOME

FATHER
12. Name WILLIAM HANVEY
13. Birthplace MORSE MILL (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name NANCY DAVIS
15. Birthplace MORSE MILL (City, town, or county) Mo. " (State or foreign country)

16. (a) Informant Essie Grupe
(b) Address Dittmer Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof APRIL 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation ST MARTINS CEM. DITTMER MO

18. (a) Signature of funeral director H Brimmer
(b) Address House Springs Mo

19. (a) Apr. 15-46 (Date received local registrar) (b) A. H. Eaton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1946 hour 9 minute 50 P M.

21. I hereby certify that I attended the deceased from 13 Mar 46, 1946, to 12 apr, 1946 that I last saw h EN alive on 12 apr, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio Vascular Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93 A

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 James A Tourneau (M.D. or other)
Address House Springs Mo Date signed 4/13/46

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(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 1470

P. O. Address House Springs 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.