

FILED AUG 12 1946

State File No. _____
Registrar's No. 897

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2028 Lovers Lane /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether)

In this community 35 years
years, months or days

3. (a) PRINT FULL NAME Will Weidner Grow

3. (b) If veteran, name war No

3. (c) Social Security None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie Frances Grow

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 28 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 1 9 hr. min.

9. Birthplace New Point Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor of Osteopathic

11. Industry or business _____

12. Name Peter C. Grow

13. Birthplace Ripley County Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie L. Jungek

15. Birthplace Ripley County Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie Frances Grow

(b) Address 2028 Lovers Lane, St. Joseph, Missouri

17. (a) Burial (b) Date thereof 8/9/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Aug. 10, 1946 (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 2028 Lovers Lane /
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from March
1946 to Aug 7, 1946
that I last saw him alive on Aug 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis and myocarditis, acute

Due to _____

Due to _____

Other conditions Diabetes
(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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature John Hartwick (M. D. or other) D.O.
Address 2022 Logan Hwy Date signed 8-7-46

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

MOTHER FATHER

JAN 17 1949

SEP 3 1949

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 *Albert R. Harrington*

Licensed Embalmer No. *3258* *Missouri*

P. O. Address *St. Joseph, Missouri.*

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.