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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1946

State File No. 30918

Registration District No. 187 Primary Registration District No. 30405698 Registrar's No. 105

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural - Sampsel Twp.
(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
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Sampsel Twp
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Kate Grouse

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Will Grouse

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov. (Month) 9 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	26	— hr. — min.

9. Birthplace Livingston Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name John Hargrave
13. Birthplace Unknown (City, town, or county) — (State or foreign country) 9

MOTHER
14. Maiden name Sarah Gibbs
15. Birthplace Unknown (City, town, or county) — (State or foreign country) 9

16. (a) Informant Will Grouse
(b) Address Chillicothe Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant Cemetery

18. (a) Signature of funeral director Donald Gordon
(b) Address Chillicothe, Mo.

19. (a) 9-6-46 (Date received local registrar) (b) Frances A. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1944 to Sept 5 1946
that I last saw her alive on May Aug 23 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of rt breast	about 3 yrs
Due to not known	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
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 0

23. Signature G W Carpenter (M. D. or other)

Address Chillicothe Mo Date signed 9/7/46

171

(Licensed Embalmer's Statement on Reverse Side)

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

29750

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Donald Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.