S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32879

Registration District No. 46 Primary Registration District No. 5155 Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural New York
(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 87 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Issac Sullivin Grove

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lilly May Grove

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June (Month) 23 (Day) 1859 (Year)

8. AGE: Years 87 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Miralle (City, town, or county) MO. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Issac Sullivan Grove
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary F Alexander
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant [illegible]
(b) Address Hamilton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton MO

18. (a) Signature of funeral director DeMoss Funk
(b) Address Cameron MO

19. (a) Oct 12, 1946 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1946 hour 9 minute 50 a M.

21. I hereby certify that I attended the deceased from Sept 19 1946 to Oct 10 1946 that I last saw him alive on Oct 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 B

Of autopsy

Duration

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 2

23. Signature R. Elster DO (M. D. or other)

Address Hamilton Mo Date signed Oct 10 1946

X— 373 (Licensed Embalmer's Statement on Reverse Side)

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 Leo Mont Crunk

Licensed Embalmer No. 2533

P. O. Address Cameron 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.