

FILED JUN 14 1947

Registration District No. 75

Primary Registration District No. 530

Registrar's No. 36

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

1. PLACE OF DEATH:  
 (a) County CLINTON  
 (b) City or town RURAL SHOAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 19 YEARS (Months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County CLINTON  
 (c) City or town RURAL SHOAL 25  
 (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 CHARLES FRANKLIN GROVE  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month MAY day 26  
 year 1947 hour 9 minute 45 A. M.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MARY GROVE  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased DEC-29-1888  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 18, 1946 to May 25, 1947  
 that I last saw him alive on May 25, 1947  
 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 4 Days 27  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma Stomach  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace BRECKENRIDGE - MO. 6  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: 46  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name EDWARD H. GROVE

13. Birthplace BRECKENRIDGE - MO.  
 (City, town, or county) (State or foreign country)

14. Maiden name MOLLIE VANTRASSO 11

15. Birthplace UNKNOWN 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Tom Mary Grove

(b) Address Camoron MO.

17. (a) BURIAL (b) Date thereof May-28-1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAMORON MO.

18. (a) Signature of funeral director Demoss CRUNK

(b) Address Camoron MO.

19. (a) 5-28-47 (b) Laura Whitaker  
 (Date received local registrar) (Registrar's signature)

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 Wastlines (M. D. or other)  
 Address Camoron MO Date signed 28 May 47

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

working under my personal supervision.

Registered Apprentice No.

Signed

*Lee Miss 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.**