S. No. 2
—12-45
5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21710

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Rural Moreau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 Miles East of Versailles, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles East of Versailles, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jess Green Groff
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Ratcliff
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 8 (Day) 1871 (Year)

8. AGE: Years 76 Months 1 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Morgan Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Bart Groff
13. Birthplace Morgan Co (City, town, or county) Missouri (State or foreign country)
14. Maiden name Martha Taylor
15. Birthplace Morgan Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Josephine Groff
(b) Address Versailles, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Versailles, Mo.
19. (a) 7-5-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1947 hour 1 minute 30 p. M.
21. I hereby certify that I attended the deceased from June 12, 1947, to June 25 1947 that I last saw him alive on June 25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterial sclerosis	unknown
Due to	
Due to	
Other conditions: senile dementia (Include pregnancy within 3 months of death)	unknown

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 A J Gunn (M. D. or other)
Address Versailles Mo Date signed 6/30/47.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-42-813
Date Filed 7-8-47

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 H. F. Kimball

Licensed Embalmer No. 1596

P. O. Address Versailles Me

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.