S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1947

Registration District No. 2308

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24882

Primary Registration District No. 4345

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Rhineland Mo
(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 years, months or days)
In this community All his life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Rhineland Mo
(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 Gerd Grotewiel
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 Caroline
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 9 (Month) 18 (Day) 1868 (Year)

8. AGE: Years 78 Months 10 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace Montgomery (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired Farmer
MOTHER FATHER
12. Name Bernard Grotewiel
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Bernadine Holtwick
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Ernest Grotewiel
(b) Address Rhineland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Rhineland Mo
18. (a) Signature of funeral director Kottmeyer + Co
(b) Address Rhineland Mo
19. (a) July-24-47 (Date received local registrar) (b) Mrs Nona Lee Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1947 hour 12 minute 5 A. M.
21. I hereby certify that I attended the deceased from April 10th 1947 to July 23 1947 that I last saw him alive on July 18th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Bowel — About [illegible]
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

46E

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 E. G. Rhodius (M. D. ~~or other~~)
Address Hermann Mo Date signed 7/23/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 29 1942

SEP 8 1941

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 D. B. Baker, Registered Apprentice No., working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.