S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1948

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 11699

Registrar's No. 144

**1. PLACE OF DEATH:**

(a) County CALLAWAY

(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE HOSPITAL NR 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether

In this community same
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County COOPER

(c) City or town PILOT GROVE 27
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country 1

3. (a) PRINT FULL NAME LAVINA GROTZINGER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex fem

5. Color or race wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) (Day) 1906 (Year)

8. AGE: Years 41 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) Mo (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name JOHN GROTZINGER
13. Birthplace COOPER COUNTY, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATIE NOEL
15. Birthplace COOPER COUNTY, Mo (City, town, or county) (State or foreign country)

16. (a) Informant HOSPITAL RECORDS

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 1 W 6th St, Fulton, Missouri

19. (a) 5/4/1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY day THIRD year 1948 hour 7 minute — A.M.

21. I hereby certify that I attended the deceased from April 8, 1948, to May 3, 1948 that I last saw her alive on MAY 2, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| CANCER OF THE BREAST | +2y |
| Due to | |
| Due to | |
| Other conditions PSYCHOSIS WITH MENTAL DEFICIENCY (Include pregnancy within 3 months of death) | +4 weeks |

Major findings:
Of operations
Of autopsy

50

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 [signature] (M. D. or other) M.D.

Address STATE HOSPITAL Date signed 5/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 12 1948

**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 Walter J. Haines, Jr., Registered Apprentice No. 82, working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.**