S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15671

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 57

1. PLACE OF DEATH:
(a) County Carrollton
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11th & Park
(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

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

3. (a) PRINT FULL NAME WILLARD GROTJANS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
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 June (Month) 15 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
88	11	7	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Unknown
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Grace Young
(b) Address Carrollton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Country farm
18. (a) Signature of funeral director Stanley & Gibson
(b) Address Carrollton Mo
19. (a) 5/24/48 (Date received local registrar) (b) Mrs Herbert Cadere (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1948 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4-1, 1948 to 5-23, 1948 and that I last saw him alive on 5-23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death [redacted] — Duration
Bronchopneumonia
Due to Confinement in bed with bronchitis
Due to
Other conditions
(Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. M. Alumal (M. D. or other) MD
Address Carrollton Mo Date signed 5-24-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-8-48

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.