. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15692

FILED JUN 14 1948

Registration District No. 59

Primary Registration District No. ~~6089~~ 5218

Registrar's No. 95

1. PLACE OF DEATH:
(a) County Cass Big Creek
(b) City or town Rural
(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
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass 19
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles west of Pleasant Hill, 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME II. GEORGE GROVIER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Clara Grovier

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 15 1878 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Mount Clemens Mich /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Isaac Grovier
13. Birthplace Mount Clemens, Mich /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosa Jane Orr
15. Birthplace Sanduskey, Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Grover
(b) Address Pleasant Hill, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-21-48
(Month) (Day) (Year)
(c) Place: burial or cremation Hutchinson, Kansas Allen Brownfield

18. (a) Signature of funeral director
(b) Address Pleasant Hill, Mo.

19. (a) 6-8-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature) 57

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from 12-18-47
, 19, to 5-18-48, 19;
that I last saw him alive on 18 May, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculous meningitis	2 wks.
Due to Potts disease of spine	6 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Tuberculous abscess spine
Of autopsy 14

PHYSICIAN
Underline the cause of 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 Ave Ehlund (M. D. or other) MD.
Address Pleasant Hill Date signed Mo. May 19 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Glenn H. Hill, Registered Apprentice No. 8, working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, M

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.