

FILED JUN 1 7 1948 3

Registration District No. 27983

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5914

20311

State File No. 32

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Perry
 (b) City or town Rural Brazeau
 (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 73-11-0
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No.:
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME

Henry Grother

3. (b) If veteran,

name war:

3. (c) Social Security No.

None

4. Sex Male 5. Color or race White
 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 22 1874
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>73</u>	<u>11</u>	<u>00</u>		hr. min.

9. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business:

12. Name John Grother

13. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Emilie Palisch

15. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Grother

(b) Address Altenburg Mo.

17. (a) Burial (b) Date thereof 5-24-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altenburg Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Keosauqua Mo.

19. (a) 5-24-48 (b) Joe J. Zellen
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
 year 1948 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 21, 1948, to May 22, 1948.
 that I last saw him alive on May 21, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death:

Cerebral Hemorrhage
 Due to Arteriosclerosis
 Duration 1 day
10 years

Due to:

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy:

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?

While at work? (Specify type of place) (e) Means of injury

23. Signatures Theodore Iseler (M. D. or other)

Address Altenburg, Mo. Date signed 5/24/48

RECEIVED.

District Health Officer No. 4
District File Number 648-772
Date Filed 6-16-48

NOV 4 1954

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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville 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.