

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

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

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35433**  
Registrar's No. **388**

Registration District No. **369** Primary Registration District No. **62674598**

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

1. PLACE OF DEATH:  
(a) County **WAYNE**  
(b) City or town **BRUNOT**  
(c) Name of hospital or institution **Benton Twp.**  
(d) Length of stay: In hospital or institution **65 YR.**  
In this community **65 YR.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **WAYNE**  
(c) City or town **BRUNOT**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **NO**

3: (a) PRINT FULL NAME **HARRY EUGENE GROVE**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **SEPT** day **13**  
year **1948** hour **11** minute **AM**

4. Sex **MALE**  
5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **LENA GROVE**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **APRIL 22 1883**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **4** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Cerebral Hemorrhage** Duration **5 minutes**

9. Birthplace **BRUNOT MO.**

Due to **Hypertension**

10. Usual occupation **FARMER**

Other conditions **Arteriosclerosis**

11. Industry or business **FARM**

Major findings: Of operations \_\_\_\_\_ Of autopsy **see 83W**

12. Name **FRANKLIN GROVE**

13. Birthplace **WARRWOOD**

14. Maiden name **WARRWOOD**

15. Birthplace **WARRWOOD**

16. (a) Informant **MAMIE LEWIS**

(b) Address **ST. LOUIS, MO.**

17. (a) **BURIAL** (b) Date thereof **SEPT 16 1948**

(c) Place: burial or cremation **BURIAL**

18. (a) Signature of funeral director **Frederick W. High**

(b) Address **Brumot Mo**

19. (a) **9-16-1948** (b) **Brumot Mo**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature **Frederick W. High** (M.D. or other) \_\_\_\_\_  
Address **Brumot Mo** Date signed **9/16/48**

RECEIVED

Health Officer No. 4

Number 1148-13

11-8-48

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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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Marvin E. Bowler*

Licensed Embalmer No. *4476*

P. O. Address *Redmont, 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.**