

MAILED OCT 10 1942

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Henry Clinton

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

(c) Name of hospital or institution: 210 N. Water St
(If not in hospital or institution, write street number or location)

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

In this community 1 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 210 N. Water
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Grogan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4
year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-15
1942 to 9-4 1942;
that I last saw him alive on 9-1 1942
and that death occurred on the date and hour stated above.

4. Sex MO 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 3 31 1875
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions Cardiac ethnie
(Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 5 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Henry Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

12. Name John Grogan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Condon

15. Birthplace Philadelphia Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Jones

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 9 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) Sept. 6 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 94a

Of autopsy _____

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. Signature H. S. Wulfer (M. D. or other) M.D.

Address Clinton Mo Date signed 9-7-42

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

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1110

Date Filed 10-8-42

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

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.