

No. 300
M-10-47
y. 5-17-39
I 3908

FILED MAR 9 1948
Registration District No. **757**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
Wetzel Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community all his life

3: (a) PRINT FULL NAME Lafayette J Groff

3: (b) If veteran, name war no

3: (c) Social Security No. none

4. Sex male 5. Color or race white

6: (a) Single, widowed, married, divorced married

6: (b) Name of husband or wife Daisy Groff

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

7. Birth date of deceased: April 24 - 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>6</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Lafayette J Groff

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

14. Maiden name Susan French

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

16: (a) Informant Daisy Groff

(b) Address Clinton Mo

17: (a) Burial (b) Date thereof 3-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem

18: (a) Signature of funeral director Conalus & Peck

(b) Address Clinton Mo

19: (a) 3-4-48 (b) R.H. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry **42**

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

(d) Street No. Bethlehem Trp.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1948 hour 5 minutes 4 M.

21. I hereby certify that I attended the deceased from 2-24, 1948, to 3-3, 1948
that I last saw him alive on 3-2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis **24hr.**

Due to chronic bronchial asthma **15 yrs.**

Other conditions (include pregnancy within 3 months of death)

Major findings: As A

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?.....

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

23. Signature Clin Groff (M. D. or other) **2**
Address Clinton Mo Date signed 3/4/48

RECEIVED
District Health Officer No. 7,
District File Number 2-48-207
Date Filed 2-3-48

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

R. R. Kinney

Licensed Embalmer No. 3099

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.