

REC'D JAN 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42909

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess(b) Township Liberty

(c) City

(d) Street No.

Registration District No. 247Primary Registration District No. 5344

Registered No.

(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Samuel M Grove(a) Residence, No. Daviess Co. MissouriSt.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFPhoebe Grove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 23, 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.85418

OCCUPATION

8. Trade, profession, or particular kind of
work done, as a lawyer, bookkeeper, etc.Farmer9. Industry or business in which work
was done, as saw mill, bank, etc.Own Farm10. Date deceased last worked at
this occupation (month and
year) Dec. 1938

11. Total time (years)

spent in this

occupation Life12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Daviess Co.,
Missouri

FATHER

13. NAME

David Grove14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Illinois

MOTHER

15. MAIDEN NAME

Elizabeth Myers16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Daviess Co.
Missouri17. INFORMANT
(ADDRESS)Mrs. Lela Long
Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Creekmore Cem. DATE Dec. 13, 193819. FUNERAL DIRECTOR (NAME)
(ADDRESS)Hope Furn. & Und. Co.
Gallatin, Mo.

20. FILED

12-14-38Mrs. J. J. ...
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

10/15/38, to 10/13/38I last saw him alive on 10/13/38, 1938 Death is saidto have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failureNSWDate of onset
12/11/38

Other contributory causes of importance:

Cardiac arrhythmia
Purplish Black8/38

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lela Long, M. D.(Address) Gallatin, Mo.

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,

..... L. O. Richesson, or by

Registered Apprentice No....., working under my personal supervision

Signed.....



.....
Licensed Embalmer No. 3302.....

P. O. Address Gallatin, Missouri.....

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, above space should be left blank.