

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

38841
Do not use this space.

REC'D DEC 11 1939

1. PLACE OF DEATH
 (a) County Adair Registration District No. 4
 (b) Township _____ Primary Registration District No. 3001 Registered No. 280
 (c) City Kirksville, Mo. (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fredrick Grozinger
 (a) Residence, No. 703 East Washington St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 OF Kathryn Riley Grozinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	62	10	3	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bursar
 9. Industry or business in which work was done, as saw mill, bank, etc. Kirksville College of Osteopathy and Surgery
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrol Co., Mo.

FATHER 13. NAME Fredrick Grozinger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heidelberg, Germany

MOTHER 15. MAIDEN NAME Elizabeth Mosier
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Kathryn Grozinger Kirksville, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Nov. 22 '39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Kirksville, Missouri
 20. FILED Nov. 29 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1939

22. I HEREBY CERTIFY That I attended deceased from Nov 20, 1939, to Nov 20, 1939
 I last saw him live on Nov 20, 1939. Death is said to have occurred on the date stated above, at 11:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Protrusion
 Date of onset _____

Other contributory causes of importance: 946

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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 John H. Deady S. O. (Signed) 3 (Address) Kirksville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16803

RECEIVED

District Health Officer No. 10

District File Number 12-39-2033

Date Filed Dec. 1, 1939

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 Harold V. Weyal

Licensed Embalmer No. 4076

P. O. Address Turkessville, Va.

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.