

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike

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

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

(d) Length of stay: In hospital or institution 3 days 2  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. R.F.D # 8  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Clements Grote

3. (b) If veteran, NAME WAR \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased Oct 10 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4  
year 1940 hour 11 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Sept 28th, 1940, to Oct 4, 1940,  
that I last saw him, alive on 10-3-, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

<u>71</u>	<u>11</u>	<u>25</u>	hr. _____ min.
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9. Birthplace St Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Joe Grote

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

14. Maiden name Adeline Altenhopp

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

16. (a) Informant's own signature Louis Grote

(b) Address Bowling Green Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6 40  
(Month) (Day) (Year)

(c) Place: burial or cremation St Clement Cemetery

18. (a) Signature of funeral director Wm Bankhead

(b) Address Bowling Green, Mo

19. (a) 10-5/40 (Date received local registrar) (b) DeHaley (Registrar's signature)

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)  
\_\_\_\_\_ (a) Years of injury \_\_\_\_\_

23. Signature Wm Bankhead M.D. or other \_\_\_\_\_  
Address Bowling Green, Mo Date signed 10-4-40

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.

District Health Officer No. 10  
District File No. 11-40-2072-  
NOV-8-1940  
Date Filed

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 Grace Banford

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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, above space should be left blank.