

Registration District No. 2029-47Primary Registration District No. 3029Registrar's No. 350

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1109 Galfax Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days 713. (a) PRINT FULL NAME Nelson Groos

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased 11 15 1866  
(Month) (Day) (Year)8. AGE: Years 74 Months 0 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Hannibal MO  
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

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

12. Name Nelson Groos13. Birthplace MO  
(City, town, or county) (State or foreign country)14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Bluff Burton(b) Address 1109 Galfax Ave17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 12-10-40  
(Month) (Day) (Year)(c) Place: burial or cremation Robinson Cem.18. (a) Signature of funeral director W. E. Robuk(b) Address Hannibal MO19. (a) Dec. 14-1940 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion  
 (c) City or town Hannibal  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1109 Galfax Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8  
year 1940 hour 2 minute 10 A. M.21. I hereby certify that I attended the deceased from Nov 2  
1940, 19\_\_\_\_, to Dec 8, 19\_\_\_\_  
that I last saw him alive on Dec 7, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis

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

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

Other conditions Nephritis  
(Include pregnancy within 3 months of death)Major findings: General Edema

Of operations \_\_\_\_\_

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? Yes

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. W. Fisher (M. D. or other) \_\_\_\_\_Address Hannibal MO signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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**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 Geo E Roberts

Licensed Embalmer No. 9113

P. O. Address Hannibal 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.**