

FILED SEP 13 1941

Registration District No. 169

Primary Registration District No. 5235

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Keyesville - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Remains "Rural"
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EDWIN GROTIJAN

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased JAN 21 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name August Grotjan
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Laker
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Denton Grotjan
(b) Address Ormsworth, Mo.

17. (a) Burial (b) Date thereof 8/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salton

18. (a) Signature of funeral director Meyer Funeral

(b) Address Ormsworth, Mo.

19. (a) Aug 11 1941 (b) Mary E. Latend
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 9th
year 1941 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 25, 1941, to Aug 9, 1941; that I last saw him alive on Aug 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chorea
arterio sclerotic myocarditis

Due to Generalized arteriosclerosis

Due to _____

Other conditions Cerebral apoplexy
(Include pregnancy within 3 months of death)

Major findings:
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? _____

While at work? _____ (Specify type of place) (e) Means of injury h
23. Signature J. L. Downs (M. D. or other) MA
Address Salton, Mo. Date signed 8-14-41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-13-47

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 John H. Meyer
Licensed Embalmer No. 3730
P. O. Address Greenswaly 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.