

FILED SEP 13 1943

Registration District No. _____ Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Miller Apartments
(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 Mo. (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. Miller Apartments
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME KATHRYN ELLIDA GROZINGER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month 8 day 8 year 1943 hour 11 minute 4 M.

4. Sex F

5. Color or race W.

6. (a) Single, (widowed) married, 2 divorced W

6. (b) Name of husband or wife Fred R Grozinger

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 19, 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 7 to August 15, 1943, that I last saw her alive on August 15, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months — Days 19 hr. _____ min. _____

9. Birthplace: Richmond Mo
(City, town, or county) (State or foreign country)

Immediate cause of death: Acute Myocarditis

Due to: Oxalonephritis 10 days

Due to: Multiple Sclerosis 5 years

10. Usual occupation: Housekeeper

11. Industry or business:

12. Name: Thomas Riley

13. Birthplace: Marble Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Gertrude Hauser

15. Birthplace: Richmond Mo
(City, town, or county) (State or foreign country)

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: 133a

Of operations: _____

Of autopsy: _____

16. (a) Informant: Wallace Riley

(b) Address: Marble Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-10-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Maple Hill

18. (a) Signature of funeral director: SUMMERS & POWELL

(b) Address: K. IRVING Mo.

19. (a) 8/18/43 (Date received local registrar) (b) Mr. J. L. Wayman (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)

(e) Means of injury _____

23. Signature: Howard E. Gross (M. D. or other) P.O.

Address: Kirksville, Mo. Date signed: 8-14-43

Duration: 4 days

Duration: 10 days

Duration: 5 years

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-43-1493

Date Filed SEP 10 1943

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Pittsville, Md.

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, fact should be so stated above.