

No. 2
2-43
-17-39

X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38627

State File No. _____

FILED DEC 13 1943

Registration District No. 185

Primary Registration District No. 5691

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield - Rural - Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield R.F.D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74 years (Specify whether years, months or days)
In this community 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Brookfield - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE EMANUEL GROES

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 married
6. (b) Name of husband or wife Amy B Groes 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Nov. 3 - 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months - Days 9 If less than one day hr. _____ min. _____

9. Birthplace Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Railroad engineer

11. Industry or business _____

12. Name Henry Groes

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Amy B Groes

(b) Address Brookfield R.F.D. #1

17. (a) Burial (b) Date thereof Nov. 15 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery Brookfield

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) Nov. 15 1943 (b) Mrs. Vivian Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1943 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 12, 1943 to Nov 12, 1943 that I last saw him alive on Apr 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 1/2 yrs

Due to _____

Due to _____

Other conditions Arterio Sclerosis (Exclude pregnancy within 3 months of death) 6 yr

Major findings: Of operations _____ Of autopsy H & F

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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 Roy Holey (M. D. or other) M.D.

Address Brookfield Mo Date signed 11/13/43

434

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.....

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address.....

Brookfield 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, fact should be so stated above.