S. No. 2
M—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Fonda

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 373

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 805 Hart St (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 Butler
(c) City or town Poplar Bluff, Mo (If outside city or town limits, write "RURAL")
(d) Street No. 805 Hart St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louis Carl Grobe Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 4, 1939 (Month) (Day) (Year)

8. AGE: Years 4 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Poplar Bluff, Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Louis C. Grobe
13. Birthplace Poplar Bluff, Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Myrtle Wheatley
15. Birthplace (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Louis Carl Grobe Sr.
(b) Address Poplar Bluff, Mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 12-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo.
19. (a) 12-27-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1943 hour 3:20 minute A. M.
21. I hereby certify that I attended the deceased from 12-23, 1943 to 19 ; that I last saw him alive on 12-23, 1943 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastro-Enteritis, acute	1 day
Due to History indicates child probably had Diabetes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

120a

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

23. Signature J. W. Fonda (M. D. ~~or other~~)
Address Poplar Bluff, Mo. Date signed 12-24-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 144-95
Date Filed 1-10-44

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 Scott A. Bolrett

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.