. S. No. 2
00M—2-43
ev 5-17-39
I 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

State File No. [illegible]

FILED JAN 13 1943

Registration District No. 42 Primary Registration District No. 5143 Registrar's No. 377

12

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural - Poplar Bluff

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

(c) Name of hospital or institution: 2½ miles East on Hi-way 60

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 60 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Rural - Poplar Bluff

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

(d) Street No. 2½ miles E. on Hi-way 60

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Louis E. Grobe

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 Alice Grobe

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

7. Birth date of deceased April 17, 1863 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Franklin Co., Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer + Blacksmith

11. Industry or business —

FATHER
12. Name George Grobe
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Marry Spinner
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Carl Grobe

(b) Address Poplar Bluff, Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 12-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Marble Hill - Butler Co. Mo

18. (a) Signature of funeral director Frank - Cotrell

(b) Address Poplar Bluff, Mo

19. (a) 12-29-43 (Date received local registrar) (b) Belle Finnell (Registrar's signature)

92

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1943 hour 4:35 minute P. M.

21. I hereby certify that I attended the deceased from Dec 24, 1943, to Dec 26, 1943 that I last saw him alive on Dec 25, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	4 days
Due to Cerebral Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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: [illegible] (M. D. or other)

Address Poplar Bluff Date signed 12-28-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Registrar Office No. 2,
District File Number 44-91
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.....

Licensed Embalmer No.....

P. O. Address.....

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.