

Registration District No. _____

Primary Registration District No. 5226

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town RURAL - Maramac Twp. P.
(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 Crawford
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Maramac Twp.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY E. GRUVER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Henry Gruver 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14th 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace 5. Tarkville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation AT Home

11. Industry or business _____

MOTHER FATHER

12. Name William Adair
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Duncan
15. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Adair
(b) Address Leasburg, Mo.

17. (a) BURIAL (b) Date thereof Aug. 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation at Pleasant Point

18. (a) Signature of funeral director [Signature]
(b) Address Cuba, Mo.

19. (a) 8/12/1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 25, 1944 to Aug. 9, 1944
that I last saw him alive on July 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Liver
Duration _____

Due to Unknown

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 46 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 [Signature] (M. D. or other) _____
Address Cuba, Mo. Date signed Aug. 10-44

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

RECEIVED

District : Officer No. 5,
District F: 944484
Date Filed: 9-13-44

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 *J. H. Leland*.....

Licensed Embalmer No. *3643*.....

P. O. Address *Cuba 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.