S. No. 2
M—2-43
. 5-17-39
F-I X35697

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

16
4

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37379

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 389.

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: So. E. Mo. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

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

(d) Street No. 201 E 4th St
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME MARY F. GROCKETT

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

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

7. Birth date of deceased May (Month) 24 (Day) 1876 (Year)

8. AGE: Years 68 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel S. Northern
13. Birthplace Mexico (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Margaret Brown
15. Birthplace Mexico (City, town, or county) Mo (State or foreign country)

16. (a) Informant Verdal Rainey
(b) Address Caruthusville Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 23-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo.

18. (a) Signature of funeral director Walthers Und. Co
(b) Address Cape Girardeau Mo.

19. (a) 11-22-44 (Date received local registrar) (b) F. R. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Nov 13, 1944, to Nov 21, 1944
that I last saw her alive on Nov 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to Arteriosclerosis

Due to

Other conditions L. Hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Carl A. W. Emmenuelle (M. D. or other)

Address Cape Girardeau Date signed Nov 23/44

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1244-4662

Date Filed 12-7-44

JUL 23 1946

22 1946

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 Me, Registered Apprentice No. , working under my personal supervision.

Signed J. H. Hohler

Licensed Embalmer No. 1623

P. O. Address Cape Girardeau 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.