

S. No. 2  
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5-17-39  
PI X37823

41-761

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 13 1944

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 192

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

1. PLACE OF DEATH:  
Nodaway  
(a) County  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
Missouri (a) State (b) County Nodaway 74  
Maryville (c) City or town 1  
(If outside city or town limits, write "RURAL")  
614 East 1st (d) Street No. 2  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country

3. (a) PRINT FULL NAME Mary Monica Grove  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 1  
year 1944 hour 7 minute 45 P.M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive February 23, 1880 years  
7. Birth date of deceased. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1 - 1944 to Dec 1 - 1944  
that I last saw her alive on Dec 1 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 9 Days 8 If less than one day hr. min.

Immediate cause of death: Stroke & Heart failure  
Duration  
Due to hemiplegia due to rupture branch of middle cerebral artery of left side of brain  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Audubon Iowa (City, town, or county) (State or foreign country)  
10. Usual occupation Nurse (Sisterhood)

Major findings: Of operations 83a  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business  
12. Name Christopher Grove  
13. Birthplace unknown Indiana (City, town, or county) (State or foreign country)  
14. Maiden name Mary Coakley  
15. Birthplace England (City, town, or county) (State or foreign country)

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?

16. (a) Informant Sister Agatha  
(b) Address Maryville, Mo.  
17. (a) burial (b) Date thereof 12-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Marys cemetery

18. (a) Signature of funeral director Paul Funeral Home  
(b) Address Maryville, Mo.  
19. (a) 12-9-44 (b) Miss Barber  
(Date received local registrar) (Registrar's signature)  
23. Signature East, Dec (M. D. or other)  
Address Maryville, Mo. Date signed 12/4/44

**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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.**