

FILED MAY 5 8 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 4112

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County CHARITON

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

(c) Name of hospital or institution:  
N. EV. Part of DALTON  
(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 (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME TILL GROTIJAN

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FANNY 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased NOV. 1 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 5 1 hr. min.

9. Birthplace DALTON Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name LOUIS GROTIJAN

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name MARIE HICKMAN

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant FANNY GROTIJAN

(b) Address DALTON, Mo.

17. (a) BURIAL (b) Date thereof 4-4-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DALTON CEMETERY

18. (a) Signature of funeral director John A. Cantlon

(b) Address Brunswick, Mo.

19. (a) April 8 (b) meldred Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 18, 1940, to April 2, 1946  
that I last saw him alive on April 2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Carl E. Meyer (M. D. number) \_\_\_\_\_  
Address Keokuk, Mo. Date signed 4/5/46

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

11448

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 5-2-46

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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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Brunswick, 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.