

FILED JUN 10 1946

Registration District No. 294

Primary Registration District No. 3456

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Mc Cormick Hospital
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME FREDERICK HENRY GROTZIAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife CHRISTINA

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: 10 (Month) 12 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>12</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name August Grotzian

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

14. Maiden name Mary Hickman

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

16. (a) Informant Mrs. Frederick Grotzian

(b) Address Dalton, Mo.

17. (a) Burial (b) Date thereof 5/26/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dalton Cemetery

18. (a) Signature of funeral director J. H. Cantlan

(b) Address Brunswick, Mo.

19. (a) May 26-46 (b) Paul Kullerstone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (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 May day 24
year 1946 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from 25-22, 1946, to 5-24, 1946, that I last saw him alive on 5-24, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage in Brain Duration 3 ds.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: (130)

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 P. L. McCormick (M. D. or other) MD
Address Moberly Mo Date signed 5-24-46

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

166-1

RECEIVED

District Health Officer No. 10

District File Number 6-46-1149

Date Filed JUN 6 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.....

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

Signed.....

John C. Cantlon

Licensed Embalmer No. 4387

P. O. Address Brunswick, M. A.

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.