V. S. No. 300
50M—10-47
Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8998

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
87th & Grogger Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 87th & Grogger Road
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John A. GROGGER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lillie Mae Grogger

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February (Month) 2, (Day) 1872 (Year)

8. AGE: Years 76 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Muncie, (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name Bernhardt Grogger
13. Birthplace Rottenman, (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Susan Dupee
15. Birthplace Morgan Co., (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. Lillie Mae Grogger
(b) Address 87th & Grogger Rd., Hickman Mills

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) Mch. 24, '48 (Date received local registrar) (b) Dr. Annie E. Hedges (Registrar's signature) 121

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22
year 1948 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug, 1947 to March 22, 1948
that I last saw him alive on March - 21st, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio Sclerosis with Sclerosis of liver.

Due to

Other conditions
(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 B. A. Poorman (M. D. ~~or other~~)

Address 906 Grand Date signed 3/23/47

(Licensed Embalmer's Statement on Reverse Side)

Dr: B. A. Poorman
Rialto Bldg 906 Grand
After 1:30 Tues. P.M.

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 Max W. Kirkendall, Registered Apprentice No. 86, working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.