

Registration District No. 11 Primary Registration District No. 5044 State File No. Registrar's No. 41

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Wayne (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME Henry Levi McGruder

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose A. McGruder 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 14 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 19 _____ hr. _____ min.

9. Birthplace LaRue County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name Sexton Powell McGruder

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

14. Maiden name Minerva Burba

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

16. (a) Informant Mrs. Rose McGruder

(b) Address Wayne, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date of death July 5, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Cliver Funeral Home

(b) Address Cassville, Missouri

19. (a) July 3, 1945 (Date received local registrar) (b) Grace Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Wayne (If outside city or town limits, write "RURAL") 0
(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 June day 3rd
year 1945 hour 6:30 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from June 1, 1945 to June 1, 1945
that I last saw him alive on June 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

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? _____

(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature Glenn H. Salter (M. D. or other) MD

Address Cassville, Mo. Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 745-842

Date Filed JUL 31 1945

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

Margaret Culver

Licensed Embalmer No.

4389

P. O. Address

Cassville

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.