

FILED MAR 26, 1947
Registration District No. **4114**

Primary Registration District No. **4114**

Registrar's No. _____

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

1. PLACE OF DEATH: **Chariton**
 (a) County **Chariton**
 (b) City or town **Mendon**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Chariton**
 (c) City or town **Mendon**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **ANNA E. Groves**
 3. (b) If veteran, name war 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **14th** year **1947** hour **7** minute _____ M.

4. Sex **71** 5. Color or race **W**
 6. (a) Single, widowed, married **2** divorced **Widowed**

21. I hereby certify that I attended the deceased from **JAN. 10** 19**47** to **FEB. 14th** 19**47**
 that I last saw h**er** alive on **FEB. 13** 19**47**
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **7/Mar. 2** 18**40**
 (Month) (Day) (Year)

Immediate cause of death **Acute Nephritis**
 Duration **(Toxemia)**

8. AGE: Years **106** Months **11** Days **15**
 If less than one day _____ hr. _____ min.

Due to **Diabetes insipidus** **4 yrs**

9. Birthplace **Missouri** (City, town, or county) _____ (State or foreign country) _____

Due to _____

10. Usual occupation **A wife**

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

11. Industry or business _____

Major findings: Of operations **61**

12. Name **B. J. Miller**

Of autopsy _____

13. Birthplace **UNKNOWN** (City, town, or county) _____ (State or foreign country) _____

14. Maiden name **UNKNOWN** (City, town, or county) _____ (State or foreign country) _____

15. Birthplace **UNKNOWN** (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **Mrs. Chas. Grandell**
 (b) Address **Mendon Mo.**

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? _____

17. (a) **Burial** (Burial, cremation, or otherwise) _____ (b) Date thereof **2/17/47** (Month) (Day) (Year)
 (c) Place: burial or cremation **McCullough**

18. (a) Signature of funeral director **W. L. Shepard**
 (b) Address **Mendon Mo.**

While at work? _____ (Specify type of place) _____ (c) Means of injury **car**
 23. Signature **Wm. Fowler** (M.D. or other) _____
 Address **Boonville Mo.** Date signed **2-15-47**

19. (a) **2-15-47** (Date received local registrar) (b) **Mildred Boone** (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-27-47

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, ~~as~~

Registered Apprentice No.

working under my personal supervision.

Signed

A. L. Lipson

Licensed Embalmer No.

3970

P. O. Address

Mendon 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.