

7. S. No. 2  
FORM-8-43  
Rev. 5-17-39  
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23792

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 2 1945  
Registration District No. 2-1779

Primary Registration District No. 5-29/5306

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cole Co

(b) City or town Centertown, Mo. Marion Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rt # 2, Centertown, Mo. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
Life

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Centertown, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Rt # 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James F. Grutsinger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Feb 4 1870  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1945 Hour 11 A. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 15 to July 30, 1945;  
that I last saw him alive on July 28, 1945;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death metastatic cancer to liver Duration 7 wks.

Due to Cancer of stomach - large operative about 2 yrs.

Due to histology undetermined

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

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

10. Usual occupation Farmer

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

12. Name Wm Grutsinger

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

14. Maiden name Zona Haylor

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

16. (a) Informant J. H. Grutsinger

(b) Address Centertown, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 45  
(Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cent.

18. (a) Signature of funeral director Bowlin Funeral Home  
California Mo.

(b) Address \_\_\_\_\_

19. (a) 7/31/45 (Date received local registrar) (b) J. J. Witthaus (Registrar's signature)

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Witthaus (Date signed 7/30/45)  
Address Centertown, Mo.

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

26  
0  
0

196

03 114

2017 FEB

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 me

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

Signed Earl R. Bowlin

Licensed Embalmer No. 2196

P. O. Address California, 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.