

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5820
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 53
(b) Township Rich Hill Mo. Primary Registration District No. 3005 Registered No. 6
(c) City Rich Hill Mo. (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lizzie Groves
(a) Residence, No. Chestnut Street St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF. W.H Groves
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1862

7. AGE YEARS 76 MONTHS 7 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Missouri13. NAME Barlow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Ellen Snelling16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT (NAME) I.R. Groves
(ADDRESS) Rich Hill Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem. DATE Feb. 12/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Booth, Rich Hill Mo.20. FILED Feb. 13 1939 Clayton Allen, M.D. Local Registrar. R.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10/39 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____ 5:30 AM Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arteriosclerosis

Date of onset

Other contributory causes of importance:

This patient died
without any medical
attention

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Clayton Allen, M.D. M. D.(Address) Rich Hill, Mo.

27/00.9

RECEIVED
District Health Officer No. 7,
District File Number 7-29-45-2
Date Filed 3-13-39

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,

John Underwood

or by

Registered Apprentice No., working under my personal supervision.

Signed

John I. Underwood

Licensed Embalmer No. 3585

P. O. Address Rich Hill 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, above space should be left blank.