

RECD MAY 22 1939

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

15493
Do not use this space.

1. PLACE OF DEATH

(a) County Maxion Registration District No. 547
(b) Township Mason Primary Registration District No. 3029
(c) City Hannibal (d) Street No. N. River Rd. 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.

Registered No. 121

2. PRINT FULL NAME Florence Mae Groves

(a) Residence, No. N. River Rd. 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) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 2 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) H Adams County
Mo

FATHER 13. NAME David Wilson 0

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

MOTHER 15. MAIDEN NAME Sarah C. Cole

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Chas. Groves
N. River Rd. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE WTO limit cem DATE 3-24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James Delaney
Hannibal, Mo

20. FILED April 5 1939 A. C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-22-1939
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935 to Mar 7, 1939
I last saw him alive on Mar 7, 1939. Death is said to have occurred on the date stated above, at 11:35 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
93 W
Other contributory causes of importance:
General debility
Date of onset Jan 11 1939

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. 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? No
If so, specify _____
(Signed) Walter R. Miller, M. D.
(Address) Hannibal, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal - 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.