

Dr Evans  
ESTD JUN '24 1939

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

19634  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775  
(b) Township Parry Primary Registration District No. 6020-A  
(c) City Genese Terre Mo 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. \_\_\_\_\_ (f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

Registered No. 35

2. PRINT FULL NAME

(a) Residence, No. 650 Genese Terre Mo St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Frances Groom  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1851  
7. AGE YEARS 87 MONTHS 8 DAYS 0 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
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) Washington Co Missouri  
13. NAME Ben Groom  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anknyowz  
15. MAIDEN NAME Louisa Biekey  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Missouri  
17. INFORMANT (ADDRESS) Jane Frances Groom Genese Terre Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Martin Chapel DATE May 3 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Benham Ind Co Genese Terre Mo  
20. FILED May 2 1939 N. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 1 1939 to May 1 1939  
I last saw him alive on April 29 1939 Death is said to have occurred on the date stated above, at 7:15 A. M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Date of onset \_\_\_\_\_  
Other contributory causes of importance: 121  
Name of operation \_\_\_\_\_ 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) [Signature] M. D.  
(Address) Genese Terre Mo

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.

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,

*C. J. Claywell*

....., or by .....

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

Signed.....

*C. J. Claywell*

Licensed Embalmer No. ....

*3706*

P. O. Address.....

*Bowling Green 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.**