

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

34846
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100 Registered No. 3821
 (c) City Kansas City Mo. (d) Street No. St. Joseph Hospital Kansas City Mo. 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. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Hurt Groom
 (a) Residence, No. 1653 St. Kingsville Mo
 (Usual place of abode, if no street address, write county or city) (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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Armida Groom
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18th 1884
 7. AGE YEARS 55 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Cooper County Missouri
 FATHER 13. NAME C.C. Groom
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Emma Kickshear
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Mrs. Armida Groom Kingsville Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa Mo. DATE Sept 23, 1939
Odessa Cemetery T.W. Goodman
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Holden Mo.
M. M. Groom
 20. FILED 10/3, 1939 M. M. Groom
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1939 to Sept 21, 1939
 I last saw him alive on Sept 20, 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:
General peritonitis Date of onset
 Other contributory causes of importance: 189
 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 9/15, 1939
 Where did injury occur? Jackson Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Farm truck by horse
 Nature of injury Abdominal
 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Farming
 (Signed) J. M. M. Groom M. D.
 (Address) Kansas City Mo

WRITE PAINTLY, 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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.