

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

39082
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1216
 (c) City St. Joseph (d) Street No. 2227 S. 12th 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 54 yrs. 9 mos. 2 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Teresa Groves
 (a) Residence, No. 2227 S. 12th 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 (OR) WIFE OF Frank E. Grove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 22, 1885.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	54	9	2	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) St. Joseph 0
 (STATE OR COUNTRY) Missouri
 13. NAME Leo Arthur 7
 14. BIRTHPLACE (CITY OR TOWN) Paris
 (STATE OR COUNTRY) France 5

MOTHER
 15. MAIDEN NAME Mary Daly
 16. BIRTHPLACE (CITY OR TOWN) County Monaghan
 (STATE OR COUNTRY) Ireland

17. INFORMANT Frank E. Grove
 (ADDRESS) 2227 S. 12th Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Int. Olivet Cem.
 PLACE St. Joseph, Mo. DATE Nov. 27, 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 11-25 1939 J. H. Mathews
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 28 1938, to Nov 24 1939
 I last saw her alive on Nov 24 1939, Death is said to have occurred on the date stated above, at 11:30 AM
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
High blood pressure
 Other contributory causes of importance:
None
 Name of operation none Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) J. H. Mathews, M. D.
 (Address) St. Joseph Mo.

Date of onset 11-24-39
4-20-38

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 *Robert P. Carlson*.....

Licensed Embalmer No. 4028.....

P. O. Address *St. Joseph, 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.