

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.

FILED OCT 18 1940
Registration District No. 288

Primary Registration District No. 4172

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Presnell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 70 years

3. (a) PRINT FULL NAME Mrs. Eliza Jane C. Groggett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Sidney Groggett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct - 3 - 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months — Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Johanna Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John P. Hargrove

18. Birthplace Johanna Co Ill
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Street

15. Birthplace Johanna Co Ill
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. E. Groggett
(b) Address Kennett, Mo

17. (a) Burial (b) Date thereof Oct-10-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge
Paradise

18. (a) Signature of funeral director Paradise
(b) Address Kennett, Mo
19. (a) 10-12-1940 (b) Walter Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 106-High School Bldg-
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1940 hour 12 minute 54 A. M.

21. I hereby certify that I attended the deceased from Sept. 30, 1940 to Oct 8, 1940
that I last saw him alive on Oct 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebra Hemorrhage Duration 10 days

Due to Hypertension

Due to Sensitivity & arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. E. Groggett (M. D. or other) _____
Address Kennett, Mo Date signed 10-10-40

RECEIVED

District Health Officer No. 2,

District File Number 1040-160

Date Filed 10/15/40

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 *B. L. L. L.*.....

Licensed Embalmer No. 2556.....

P. O. Address Keene, N.H......

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.