

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 310 Blake
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Vergil Groshong

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if 7 years

7. Birth date of deceased June 7 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>5</u>	<u>23</u>hr.min.

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business Edgar Groshong

12. Name Edgar Groshong

13. Birthplace Buchanan County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Viola Scott
(City, town, or county) (State or foreign country)

15. Birthplace Buchanan County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Groshong

(b) Address 310 Blake

17. (a) Burial (b) Date thereof 12-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Adair Cemetery Tracy Barry Funeral

18. (a) Signature of funeral director 218 South 10th St

(b) Address 218 South 10th St

19. (a) 12-2-1940 (b) J. Nestlebaum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 310 Blake St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 30th 40, 1940, to Nov 30th, 1940; that I last saw viewed ##### alive on Nov 30th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho
Pneumonia

Due to a cold

Due to 10/10

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? Home
While at work? _____ (Specify type of place)

23. Signature B. W. Tadlock (M. D. or other) Car 0ner 5

Address King Hill Bldg. Date signed 1/1/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Victor Barry, Registered Apprentice No. *252*
working under my personal supervision.

Signed *John C. Myers*
Licensed Embalmer No. *3220*
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, fact should be so stated above.