

Registration District No. **411** Primary Registration District No. **2002** Registrar's No. _____

FILED DEC 10 1940

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution **Freeman Hospital**
(d) Length of stay: In hospital or institution **2 Days**
In this community **10 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(d) Street No. **2427 Pennsylvania**
(e) If foreign born, how long in U. S. A.? **No** years.

3. (a) PRINT FULL NAME **Jack Hasting Grover**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **21** year **1940** hour **10** minute **55 P. M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **No** 6. (c) Age of husband or wife if alive **No** years
7. Birth date of deceased **August 20 1930**

21. I hereby certify that I attended the deceased from **Nov-20**, 19**40** to **Nov 21**, 19**40** that I last saw him alive on **Nov. 21** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	10	3	1	hr. _____ min. _____

Immediate cause of death **Intestinal Obstruction**
Duration **2 1/2 hrs.**
Due to _____
Due to _____

9. Birthplace **Joplin Missouri**
10. Usual occupation **School Boy**
11. Industry or business **School**
12. Name **Harold Grover**
13. Birthplace **Kansas**
14. Maiden name **Zelda Hasting**
15. Birthplace **Missouri**

Other conditions _____
Major findings: **Intestinal Obstruction**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Harold Grover**
(b) Address **2427 Pennsylvania - Joplin Mo.**
17. (a) **Burial** (b) Date thereof **11-23-40**
(c) Place: burial or cremation **Mt. Hope Cemetery**
18. (a) Signature of funeral director **Hurlant UND. Co.**
(b) Address **212 Joplin St. Joplin Mo.**
19. (a) **11-23-40** (b) **[Signature]**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **372**
While at work? _____ (Specify type of place) _____
23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **Joplin Mo.** Date signed **11-22-40**

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

X23159

40-12-618

122A

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 *Sam E. Sencer*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 411

Primary Registration District No. 2007

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Jack Hastings Groves

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 10 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction
Due to: a previous operation for intestinal obstruction 2 days ago & could not be relieved by surgery
Other conditions: Intestinal Obstruction
(Include pregnancy within 3 months of death)

Major findings: non
Of operations _____
Of autopsy: 12212

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. H. Pool (M. D. or other) _____
Address Joplin Mo Date signed _____

SUPPLEMENTAL REPORT

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

MOTHER FATHER

S-38877 1940