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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42475

Registration District No. 309

Primary Registration District No. 4185

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County: Gentry

(b) City or town: Albany
(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 years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Gentry

(c) City or town: Albany
(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.? 0 years.

3. (a) PRINT FULL NAME: James Arvel Groom

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

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 alive ____ years

7. Birth date of deceased: Sept. 27 (Month) 1940 (Day) (Year)

8. AGE: Years ____ Months 2 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: Albany, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: 0

11. Industry or business: 1

FATHER
12. Name: Douglass Groom
13. Birthplace: Kansas (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Minnie McMillen
15. Birthplace: Ottumwa (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Douglass Groom
(b) Address: Albany Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Long Branch

18. (a) Signature of funeral director: Stafford Brothers
(b) Address: Albany Mo

19. (a) Dec 14, 1940 (Date received local registrar) (b) W. T. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th year 1940 hour 8 AM minute ____ M.

21. I hereby certify that I attended the deceased from Dec. 4th, 1940, to Dec 9th, 1940 that I last saw him alive on Dec 9th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Broncho Pneumonia	5 days
Due to: Influenza, Coryza	3 weeks
Due to:	
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: W. S. Campbell (M. D. or other) ____
Address: Albany Mo Date signed Dec 9th 1940

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clifford Brooke

Licensed Embalmer No. 3329

P. O. Address Albany 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.