

MAR 11 1941 **85**
Registration District No.

Primary Registration District No. **1001**

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

1. PLACE OF DEATH: **BUCHANAN**
 (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: **STATE HOSPITAL No. 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Mo 5 Day**
 (Specify whether years, months or days)
 In this community **1 Month, 5 day**

3. (a) PRINT FULL NAME **Margaret Grooms**
 3. (b) If veteran, name war **-**
 3. (c) Social Security No. **none**

4. Sex **female**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **James H Grooms**
 6. (c) Age of husband or wife if alive **1** years
 7. Birth date of deceased **July 18 1855**
 (Month) (Day) (Year)

| | | | |
|-------------------------|-----------------|----------------|----------------------------------|
| 8. AGE: Years 85 | Months 7 | Days 14 | If less than one day hr. min. |
|-------------------------|-----------------|----------------|----------------------------------|

9. Birthplace **? Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
 12. Name **John Reagan**
 13. Birthplace **Ireland Ireland**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Bernie O'Brien**
 15. Birthplace **? Ireland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Hosp Records**
 (b) Address **State Hosp #2 St Joseph Mo**

17. (a) **Removed** (b) Date thereof **2-15-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Excelsior Springs**
Coyde Park

18. (a) Signature of funeral director **Excelsior Springs Mo**
 (b) Address **Excelsior Springs Mo**

19. (a) **2-16-41** (b) **H J Keel**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Clay**
 (c) City or town **Excelsior Springs**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **424 Kansas City Avenue**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15**
 year **1941** hour **2** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **January 10**, 1941, to **February 15**, 1941;
 that I last saw h. **alive** on **February 15**, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis Pneumonia**
 Duration **3 days**

Due to **43A**
 Due to

Other conditions **Chronic Myo carditis**
 (Include pregnancy within 3 months of death) **Indefinite**

Major findings: Of operations **-**
 Of autopsy **As Guernsey**
 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? **85** (Specify type of place) (e) Means of injury

23. Signature **Georgel Roman** (M. D. or other) **MD**
 Address **State Hosp #2 St Joseph Mo** Date signed **2-15-41**

SEP 24 1946

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed

Claude Richard

Licensed Embalmer No. *2757*

P. O. Address

Excelsior Springs

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.