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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34685

Registration District No. 205

Primary Registration District No. 4123

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Gowes Mo.  
(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 nine yrs.  
years, months or days

3. (a) PRINT FULL NAME MARIA H. ELIZABETH GROOM

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married divorced widowed

6. (b) Name of husband or wife Capt Arch Groom 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 23-1941  
(Month) (Day) (Year)

8. AGE: Years 94 Months 9 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Davis County (City, town, or county) (State or foreign country) 0

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Edward Moberley

13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

14. Maiden name Elizabeth Goddman

15. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Maude Green

(b) Address Gowes Mo

17. (a) \_\_\_\_\_ (b) Date thereof Oct 9 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation allen cem

18. (a) Signature of funeral director H. B. Sullivan

(b) Address Gowes

19. (a) Oct. 8-41 (b) Mrs. J. P. Starks  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton

(c) City or town Gowes  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7  
year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to None, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocarditis

Due to \_\_\_\_\_  
Starvation

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none g. b. v.

Of autopsy none

Duration \_\_\_\_\_  
2

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 Colonel

23. Signature W. B. Spalding (M. D. or other) Colonel  
Address Putnam Mo Date signed Oct 8-41

000 (Licensed Embalmer's Statement on Reverse Side)

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

**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 H. A. Sullivan  
Licensed Embalmer No. 1738  
P. O. Address Gower 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. 34685

Registration District No. 205

Primary Registration District No. 4123

Registrar's No. ....

1. PLACE OF DEATH

(a) County Clinton  
(b) City or town Rural  
(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 .....  
years, months or days)

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) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Mariah E. Groom

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

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

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

7. Birth date of deceased: Dec 25 1941  
(Month) (Day) (Year)

8. AGE: Years 94 Months 9 Days 14 min. 4  
If less than one day

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) Burial (b) Date thereof Oct. 9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) Oct. 8-41 (b) Mrs. J. C. Starke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19.....

that I last saw him/her alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death .....

Duration

Due to .....

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?

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

23. Signature ..... (M. D. or other)

Address ..... Date signed .....

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

SUPPLEMENTARY

The following table shows the results of the survey conducted in the year 1949. The data is presented in a tabular format, with columns representing different categories and rows representing different sub-categories. The table is organized into several sections, each with a heading. The first section is titled "A. General Information" and includes columns for "Name", "Address", "Age", "Sex", and "Occupation". The second section is titled "B. Family Information" and includes columns for "Number of Children", "Marital Status", and "Income". The third section is titled "C. Educational Attainment" and includes columns for "Grade Completed", "Type of School", and "Date of Graduation". The fourth section is titled "D. Employment History" and includes columns for "Employer", "Duration of Employment", and "Reason for Leaving". The fifth section is titled "E. Social and Recreational Activities" and includes columns for "Frequency of Attendance", "Type of Activity", and "Date of Participation". The sixth section is titled "F. Health and Physical Condition" and includes columns for "Current Health", "Previous Illnesses", and "Physical Examination Date". The seventh section is titled "G. Personal Interests and Hobbies" and includes columns for "Interest", "Frequency of Participation", and "Date of Last Participation". The eighth section is titled "H. Family Structure and Dynamics" and includes columns for "Family Size", "Family Type", and "Family Cohesion". The ninth section is titled "I. Community Involvement" and includes columns for "Type of Involvement", "Frequency of Participation", and "Date of Last Participation". The tenth section is titled "J. Overall Assessment" and includes columns for "Overall Rating", "Comments", and "Date of Assessment". The data is presented in a clear and concise manner, allowing for easy comparison and analysis of the results. The table is organized into several sections, each with a heading. The first section is titled "A. General Information" and includes columns for "Name", "Address", "Age", "Sex", and "Occupation". The second section is titled "B. Family Information" and includes columns for "Number of Children", "Marital Status", and "Income". The third section is titled "C. Educational Attainment" and includes columns for "Grade Completed", "Type of School", and "Date of Graduation". The fourth section is titled "D. Employment History" and includes columns for "Employer", "Duration of Employment", and "Reason for Leaving". The fifth section is titled "E. Social and Recreational Activities" and includes columns for "Frequency of Attendance", "Type of Activity", and "Date of Participation". The sixth section is titled "F. Health and Physical Condition" and includes columns for "Current Health", "Previous Illnesses", and "Physical Examination Date". The seventh section is titled "G. Personal Interests and Hobbies" and includes columns for "Interest", "Frequency of Participation", and "Date of Last Participation". The eighth section is titled "H. Family Structure and Dynamics" and includes columns for "Family Size", "Family Type", and "Family Cohesion". The ninth section is titled "I. Community Involvement" and includes columns for "Type of Involvement", "Frequency of Participation", and "Date of Last Participation". The tenth section is titled "J. Overall Assessment" and includes columns for "Overall Rating", "Comments", and "Date of Assessment".