

FILED JAN 24 1942
Registration District No. 279

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 53 East 32nd St. Terr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Not in hospital / Cared for as outpatient by physicians in this community from K. C. Gen. Hospital

3. (a) PRINT FULL NAME: George DeGroat

3. (b) If veteran, name war: no

3. (c) Social Security No. 492-10-552

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary DeGroat

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: April 5, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 24
If less than one day hr. min.

9. Birthplace: Preston, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: Mail Handler-Railway Mail

11. Industry or business:

MOTHER FATHER { 12. Name: Emory DeGroat

13. Birthplace: Utica, N. Y.
(City, town, or county) (State or foreign country)

14. Maiden name: Jane Means

15. Birthplace: Spagueville, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary DeGroat

(b) Address: 53 East 32nd Terr.

17. (a) Burial: (b) Date thereof: 12/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Quirk & Tabin Co.

(b) Address: Kansas City, Mo.

19. (a) 12/1/41 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 53 East 32nd St. Terrace
(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 29th
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Oct. 4th 1941, 19 to Nov. 29th, 1941; that I last saw him alive on November 23rd, 1941, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: OLD CEREBRAL HEMORRHAGE

Due to: (12/2/41)

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations:

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?

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

23. Signature: Quincy R. Thom (M. D. or other) 12-1-41
Address: Med. Dir. K. C. Gen. Hospital Date signed

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0

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

DEC 18 1947

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 Charles M. Zurk

Licensed Embalmer No. 2634

P. O. Address K. C. 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.