S. No. 2
—1-4-41
. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5294

FILED MAR 9 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 436

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

1. PLACE OF DEATH:

(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: 2737 Southwest B lvd. / (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 3years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 28 15 T errace Street 8 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME LEROY EDWARD DEGROFF

3. (b) If veteran, name war None

3. (c) Social Security No. 487-12-2941

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma De Groff

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug. (Month) 16 (Day) 1887 (Year)

8. AGE: Years 54 | Months 5 | Days 11 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Blacksmith

11. Industry or business .....

FATHER
12. Name William E. De Groff
13. Birthplace Ohio (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Eva May King
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Emma De Groff

(b) Address 2815 Terrace Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place; K.C. Mo.

19. (a) 2/1/42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-27-42 day ..... year ..... hour ..... minute 1:30 p M.

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

Immediate cause of death Hemopericardia

Due to Rupture of Aorta

Due to Medial Necrosis of Aorta

Other conditions (Include pregnancy within 3 months of death) 96

Major findings:
Of operations .....
Of autopsy .....

Duration

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 3

23. Signature [signature] (M. D. or other) .....

Address K.C. Mo. Date signed .....

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(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.....

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

working under my personal supervision.

Signed Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Pl. K.

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.