

FILED APR 10 1942

Registration District No. 519

Primary Registration District No. 5639

Registrar's No. 458

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Wet Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State San  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 183 days 0  
In this community 183 days - (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City - 042  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1818 E. 83rd St  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th  
year 1942 hour 7:40 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 17th 1941 to March 18 1942  
that I last saw her alive on March 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 6 yrs  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 1381

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

Major findings: Of operations \_\_\_\_\_

Of autopsy bil. bil. bilateral pneumonia left the right bronchus pneumonia left the pyeloma

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 Ethel E. Coffman (M. D. or other) \_\_\_\_\_  
Address Mo State Sanatorium Date signed 3-18-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Lena Groom

3. (b) If veteran, name war

No

3. (c) Social Security No. None

4. Sex Female

5. Color of race White

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

8. (d) Name of husband or wife Robert E. Groom

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased June 26 (Month) (Day) (Year) 1908

8. AGE: Years 38 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Unknown, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George F. Cross

13. Birthplace Indian, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary G. Doggett

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

16. (a) Informant E. M. S. Michael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director D. W. Newcomer

(b) Address 1401 Birch Creek Rd. No.

19. (a) 3-18-42 (Date received local registrar) (b) Cathy Conrad (Registrar's signature)

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

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RECEIVED

District Health Officer No. 6,

District File Number

442-465

Date Filed

APR 9 1942

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**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

*D. W. Newcomer*

Licensed Embalmer No.....

P. O. Address.....

**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.**