S. No. 2
M— 2-4-41
v. 5- 39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1942

MISSOURI STATE [redacted]

STANDARD CERTIFICATE OF DEATH

State File No. 21771

Registration District No. 366 Primary Registration District No. 33 Registrar's No. 50

67
1
2

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

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: 201 N. GREEN STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ALL OF LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town CHARLESTON 2
(If outside city or town limits, write "RURAL")

(d) Street No. 201 N. GREEN STREET
(If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME CHARLES ALBERT GROOMS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0 INFANT

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased MAY (Month) 18 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hr. ✓ min.

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

10. Usual occupation INFANT

11. Industry or business INFANT

FATHER
12. Name LAWTON FLOYD GROOMS
13. Birthplace FULTON COUNTY (City, town, or county) KENTUCKY 1 (State or foreign country)

MOTHER
14. Maiden name IVALENE BRASHERE
15. Birthplace CHARLESTON (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Lawton F. Grooms
(b) Address Charleston, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY - 19 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO.

18. (a) Signature of funeral director Lair - Nunnelee
(b) Address Charleston, Mo.

19. (a) June 9 - 42 (Date received local registrar) (b) D. G. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18 year 1942 hour 8 minute 47 P.M.

21. I hereby certify that I attended the deceased from A BIRTH, 19..., to ..., 19...; that I last saw him alive on 5/18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death NORMAL DELIVERY - BABY GASPED 2 OR 3 TIMES -

Due to PROBABLY HEART CONDITION

Due to

Other conditions (Include pregnancy within 3 months of death) 161a

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

23. Signature ECHAS Rolwing (M. D. ~~or other~~)

Address Charleston Mo Date signed 5/20/42

1257 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 742-891
Date Filed JUL 13 1942

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.

Not Embalmed

Signed.....

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.