

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED AUG 16 1942
204

24127
State File No.
Registrar's No. 35

Registration District No. 204

Primary Registration District No. 2013

25
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH Clinton
(a) County Cameron
(b) City or town Cameron
(c) Name of hospital or institution W 3rd. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 47 year
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Nellie Dodge 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 Married

6. (b) Name of husband or wife J. H. Groom 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 19 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Gentry Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name O.A. Dodge

13. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Melving Weatherford

15. Birthplace Gentry Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. Chas. Groom

(b) Address Cameron - Mo.

17. (a) Burial (b) Date thereof 7-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenland Poland Funeral Home

18. (a) Signature of funeral director Cameron Mo.
(b) Address _____

19. (a) July 13 1942 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. West 3rd. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12, 1942
year _____ hour 9:45 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 11, 1942, to July 12, 1942, that I last saw her alive on July 11, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure 5 days

Due to _____

Due to _____

Other conditions 946
(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 A O Gilliland (M. D. or other) MD
Address Cameron Mo Date signed July 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.

Signed, Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address. Cameron, 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.