S. No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27700

Registration District No. 576 Primary Registration District No. 4339 Registrar's No. 11

68 0 0

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town "Rural" Willow Fork Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Miles S. E. Tipton
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles S.E. Tipton, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Native years.

3. (a) PRINT FULL NAME Bessie Pearl Groves
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tom Groves
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased August (Month) 31st (Day) 1891 (Year)

8. AGE: Years 50 Months 10 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Tipton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
MOTHER FATHER
12. Name S. W. Howard
13. Birthplace Tipton (City, town, or county) Missouri (State or foreign country)
14. Maiden name Nannie Chapman
15. Birthplace -- (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Tom Groves
(b) Address Tipton, Mo. R.F.D.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bunceton Masonic Cem.
18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton, Mo
19. (a) July 8 1942 (Date received local registrar) (b) Mrs. Vera Ferguson (Registrar's signature)
8/11 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th. year 1942 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 3rd, 1942, to July 7, 1942; that I last saw her alive on July 7th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Diabetes Mellitus — 4 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

61

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 J. F. Potts (M. D. ~~or other~~) Address Tipton Mo Date signed 7/7/42

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, Missouri.

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.