

FILED JAN 25 1943
Registration District No. 100

Primary Registration District No. 5575

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

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City, Mo.
(c) Name of hospital or institution: 80-33 Woodland Imp'v
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson
(c) City or town: K.C.
(d) Street No.: 1210 Virginia
(e) Citizen of foreign country? No. (Yes or No)

3. (a) PRINT FULL NAME: Ollie Groves

3. (b) If veteran, name war: No. 3. (c) Social Security No.: 487-16-1417

4. Sex: M 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Myrtle Groves 6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: December 25, 1886 (Month) (Day) (Year)

8. AGE: Years: 56-7 Months: - Days: 13 If less than one day hr. min.

9. Birthplace: Camp Knox Green Co. / Ky. (City, town, or county) (State or foreign country)

10. Usual occupation: Common Labor

11. Industry or business:

MOTHER FATHER { 12. Name: Robert Groves
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Mary Cabbie
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Bertha Resler (b) Address: 2317 Flora

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/13/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Franklyn Cemetery

18. (a) Signature of funeral director: Alice Bailey (b) Address: 2065 North 5th St. K.C. Kan.

19. (a) Jan 14 1943 (b) R. W. Lindsen, Ph.D. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 1 day: 8 year: 1943 hour: 11:10 minute: P. M.

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

Immediate cause of death: Crushing injury of chest & abdomen.
Right hemothorax
Hemo peritoneum

Due to: Ran over by truck

Other conditions (Include pregnancy within 3 months of death): 1700 lbs

Major findings: Of operations: Of autopsy: See above

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): accident

(b) Date of occurrence: 1/8/43 123

(c) Where did injury occur? K.C. Mo. Jackson Co. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place Ran over by truck
While at work (Specify type of place) (e) Means of injury: by truck

23. Signature: [Signature] (M. D. or other) 3 Date signed: 1/9/43
Address: K.C. Mo.

NOV 27 1949
FEB 14 1949

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.....

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.