No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5206

FILED FEB 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 637

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 323 North Hardesty 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 323 North Hardesty
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

48
3
8

3. (a) PRINT FULL NAME GROVER REID GROFF

3. (b) If veteran, name war No

3. (c) Social Security No. 500-20-4504

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Rose E Groff

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov 11 (Month) 189 (Day) 2 (Year)

8. AGE: Years 50 | Months 2 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Real Estate-Builder

11. Industry or business .....

FATHER
12. Name Henry Clinton Groff
13. Birthplace Minn (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Jane Reid
15. Birthplace New York City (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Rose Elizabeth Groff
(b) Address 323 North Hardesty

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation St John's Cemetery

18. (a) Signature of funeral director Nuirk & Tobin Co
(b) Address 20 West Linwood

19. (a) 2/7/43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day Feb year 1943 hour 8;15 minute A M.

21. I hereby certify that I attended the deceased from Pathologist to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death
1- Coronary Thrombosis
2- Cranic Glomerular Nephritis
Due to 3- Cardiac hypertrophy
4 Right cardiac dilatation
Due to 5- Generalized arteriosclerosis

Other conditions 131 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy yes

Duration: Sudden; year or more

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 Wm H Trimble (M. D. ~~or other~~) 0
Address Trinity Hospital Date signed Feb 6-1943

(Licensed Embalmer's Statement on Reverse Side)

MC

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.