

MAY 10 1943
Registration District No. _____

128
915

Primary Registration District No. 2000

Registrar's No. 318

1. PLACE OF DEATH:

(a) County SPRINGFIELD
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 426 W. SCOTT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 1/2 R.
In this community 15 1/2 R.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 426 W. Scott
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1943 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from 4-21-'43 1943 to 4-21-'43 1943
that I last saw him alive on 4-21-'43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency yrs.

Due to arteriosclerosis yrs.

Due to _____
Other conditions 93e
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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)
(a) Means of injury _____

23. Signature E. W. Klingner M.D. (M.D. or other)
Address Springfield, Mo. Date signed 4-29

3. (a) PRINT FULL NAME HARVEY F. GROVES

3. (b) If veteran, name war NONE 3. (c) Social Security No. 500-05-5422

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MIRIAM J. GROVES 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased JAN. 29 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED (ex)

11. Industry or business CARPENTER

12. Name EDWARD L. GROVES

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

14. Maiden name PERINTHA BUSH

15. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Miriam J. Groves

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof April 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner Co.

(b) Address Springfield Mo.

19. (a) 4-23-43 (b) E. W. Klingner
(Date received local registrar) (Registrar's signature)

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

39
2
6

986

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.....

.....
working under my personal supervision.

Registered Apprentice No.

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.