

Registration District No. **10/18**

Primary Registration District No. **4159**

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

1. PLACE OF DEATH:  
 (a) County **Daviess**  
 (b) City or town **Pattonburg, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **61 yrs**  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sarah Gromer**  
 3. (b) If veteran, name war **✓**  
 3. (c) Social Security No. **✓**

4. Sex **F** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **W. J. Gromer (Decd)**  
 6. (c) Age of husband or wife if alive **87** years  
 7. Birth date of deceased **Nov 29 1851**  
 (Month) (Day) (Year)

8. AGE: Years **91** Months **8** Days **18**  
 If less than one day hr. min.

9. Birthplace **Valparaiso Ind**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER FATHER  
 12. Name **William Sutcliffe**  
 13. Birthplace **Leeds England**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Janet Smith**  
 15. Birthplace **Pasley Scotland**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Pattonburg, Mo.**  
 (b) Address

17. (a) **Burial** (b) Date thereof **Aug 27, 43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **I.O.O.F., Pattonburg, Mo.**

18. (a) Signature of funeral director **L. D. Johnson**  
 (b) Address **Pattonburg, Mo.**

19. (a) **8-26-1943** (b) **L. D. Johnson**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **Daviess**  
 (c) City or town **Pattonburg**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **17**  
 year **1943** hour **8** minute **P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to **Aug 17** 19**43**  
 that I last saw h. **✓** alive on **Aug 17** 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **circulatory failures**  
**myocardial heart**

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 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 **John F. ...** (M. D. or other)  
 Address **Pattonburg, Mo.** Date signed **Aug 17/43**

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SEP 10 1948

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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 *G. S. Gomer*.....

Licensed Embalmer No. 2857.....

P. O. Address: Pattonsburg, 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.**