S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5049

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 417 East 10th St. 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 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 3
(c) City or town Kansas City Mo 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 417 East 10th St
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Allen Grove
3. (b) If veteran, name war World War One
3. (c) Social Security No. # unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. (Month) 5 (Day) 1896 (Year)

8. AGE: Years 46 Months 11 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Baetender
11. Industry or business
FATHER
12. Name Thomas Grove
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Elfie Elisa Woody
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs B.W. Kilgose Tulso
(b) Address 1712 So. Olympia Tulso Okla.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. (Month) 1 (Day) 1943 (Year)
(c) Place: burial or cremation Henryetta Okla.
18. (a) Signature of funeral director Passantino Bros
(b) Address Kansas City Mo.
19. (a) 11-30-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1943 hour 5 minute 5 p M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19..., that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Luetic Heart Disease
Due to with early aneurism
Due to of aortic arch
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 30d
Of autopsy See Above

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature A. E. Asher (M. D. or other) M.D.
Address 23 McCoy Date signed 11/30/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1944

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 Park G. Rowe,

Licensed Embalmer No. 2347

P. O. Address K. C. 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.