

S. No. 2  
DM-2-43  
5-17-39  
-1 X35397

7029

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 11 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5364

Registrar's No. 20

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

31  
0  
0

1. PLACE OF DEATH: Daviess

(a) County Daviess

(b) City or town County Home Liberty Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Daviess County Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years  
(Specify whether years, months or days)

In this community 5 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Daviess

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

(d) Street No. County Home  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Richard B. Groomer

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color of Race W

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Louiza Groomer (Decd)

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

7. Birth date of deceased July 20 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

12. Name William J. Groomer

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Sarah Childs

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant J. Groomer

(b) Address Pattonburg mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 5 44  
(Month) (Day) (Year)

(c) Place: burial or cremation muddy cemetery

18. (a) Signature of funeral director J. Groomer

(b) Address Pattonburg mo

19. (a) 2-21-1944 (Date received local registrar) (b) L. O. Fickes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3 44  
year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Feb. 1940  
\_\_\_\_\_ 19\_\_\_\_ to Feb 3 1944

that I last saw him alive on Feb 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hyper tension  
Cardio vascular renal disease 4 yrs

Due to arterial sclerosis  
Prostatic hypertrophy

Due to Chronic Nephritis  
Chronic Myocarditis

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

Major findings: \_\_\_\_\_

Of operations 131a

Of autopsy \_\_\_\_\_

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 2

23. Signature W. B. Bailey (X, D or other) \_\_\_\_\_  
Address Feb 21 1944 Date signed 2-22-44

---

---

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. G. Garner* .....

Licensed Embalmer No. *2857* .....

P. O. Address *Duttonsburg 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.**