

FILED JUN 23 1944

Primary Registration District No. 5572

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Grand Prairie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County Home for aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 yr. 8 mo. 16 d.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Manuel Hospital  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Edward Groves

3. (b) If veteran, name war Unknown 3. (c) Social Security Not known

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 1864 years  
7. Birth date of deceased May 15 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Evans, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Charles Jackson County Home

(b) Address Rt. 2 Independence, Mo.

17. (a) Anatomical (b) Date thereof 5-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. El. College of Opt & Surg

18. (a) Signature of funeral director M.B. Langford

(b) Address Leisburg, Mo.

19. (a) May 25 1944 (b) F. M. Schickel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to May 24, 1944  
that I last saw him alive on May 24, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 162 lb

Major findings: Of operations.....

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?  
(Specify type of injury)

While at work? (e) Means of injury.....

23. Signature J.W. Gierma (M. D. or other)  
Address Independence, Mo. Date signed 5/25/44

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

48000

1162

**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

*W. B. Langford*

Licensed Embalmer No.

*3823*

P. O. Address

*Leis Summit Pa*

**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.**