

FILED SEP 13 1944

Registration District No. **70**

Primary Registration District No. **5291**

Registrar's No. **76**

1. PLACE OF DEATH:

(a) County **CLAY**
(b) City or town **Liberty Miss**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **L.O.O.F. Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 mo.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **clay 24**
(c) City or town **KEARNEY 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no 0**

3. (a) PRINT FULL NAME **ED Y. GROOM**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **unk** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **BOB N 1863**
(Month) (Day) (Year)

8. AGE: Years **81** Months Days If less than one day hr. min.

9. Birthplace **CLAY CO. MO no. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER.**

11. Industry or business

12. Name **MILTON GROOM.**

13. Birthplace **unk Ky 1**
(City, town, or county) (State or foreign country)

14. Maiden name **CORA NELSON.**

15. Birthplace **unk Ky 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. E. Sproule Sup. By**

(b) Address **Liberty, MO.**

17. (a) **BURIAL** (b) Date thereof **8/21/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **L.O.O.F. Cemetery Liberty.**

18. (a) Signature of funeral director **Theresa Niel Funeral Home**

(b) Address **Liberty Missouri**

19. (a) **Aug 21 '44** (b) **Helen Early**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **20**
year **1944** hour **5** minute **W** R.M.

21. I hereby certify that I attended the deceased from **Nov 2 1943** to **Aug 20 1944**
that I last saw him alive on **Aug 20 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Arteriosclerosis 5 yrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **97**

Of autopsy

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: **Rayton Maltby** (M. D. or other) **MD**

Address: **Liberty** Date signed **21-8-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24
0
0

MOTHER FATHER

726

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 9-12-74

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. Self, Registered Apprentice No. _____

Signed Victor E. Suminger
Licensed Embalmer No. 2896
P. O. Address Liberty, 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.