

S. No. 2
DM-5-42
Rev. 5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Pickens
254-236

State File No.

FILED NOV 6 1944
1284

Registration District No.

Primary Registration District No. 2000

Registrar's No. 831

1. PLACE OF DEATH:

(a) County COPPER

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Hours
(Specify whether)

In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1302 Roanoke
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Cora Groves

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1944 hour 11:00 minute a. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph Groves

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

7. Birth date of deceased Feb. 7, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 17, 1944 to Oct. 18/44, 19...
that I last saw her alive on Oct. 18/44, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death shock Duration 10-12 hrs

8. AGE: Years Months Days If less than one day

68 8 11 hr. min.

Due to head injury 5 12 hrs.

Due to a fall

9. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

Other conditions 1862-5
(Include pregnancy within 3 months of death)

Major findings:
Of operations 18

Of autopsy 18

11. Industry or business

12. Name Lewis Portee

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

14. Maiden name UNK.

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Stella Farris

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 10-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-18-44 (b) H. W. Handley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT 123

(b) Date of occurrence 10-17-44

(c) Where did injury occur? Springfield Greene Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work? No (Specify type of place) Fell Down
(e) Years of injury Basement Stairs

23. Signature E. G. ... (M. D., M. P., M. S., or M. V.)
Address Springfield, Mo. Date signed 10-18-44

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

9
2
6

982

(Licensed Embalmer's Statement on Reverse Side)

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

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address

Springfield 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.

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