

Registration District No. 225 Primary Registration District No. 433-55797 State File No. \_\_\_\_\_ Registrar's No. 60

1. PLACE OF DEATH:  
(a) County Moniteau  
(b) City or town Tipton, (Rural) Williams Twp  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 25 Years  
years, months or days

3. (a) PRINT FULL NAME Laura May Groves  
3. (b) If veteran, name war None 3. (c) Social Security No. 492-12-5959

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John R. Groves 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 15 1889  
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER  
12. Name James Smith Missouri  
13. Birthplace Miller County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name May Parks  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Wolf  
(b) Address Tipton, Missouri

17. (a) Burial (b) Date thereof 12-29-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton 100th con

18. (a) Signature of funeral director Frank C. Thompson

(b) Address Tipton Mo

19. (a) Dec 28 44 (b) Mr. Leo Ferguson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County Moniteau  
(c) City or town TIPTON - RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. NONE (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th  
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 9, 1944, to December 27, 1944, that I last saw her alive on December 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death PERNICIOUS ANEMIA Duration 5 YRS.

Due to Heart Insufficiency Myocardosis

Due to LEFT VENTRICULAR FAILURE RIGHT VENTRICULAR FAILURE

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury 2

23. Signature Frank C. Thompson (M. D. or other) D.O.  
Address Tipton, Missouri Date signed 12/29/44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-2-45

**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 Jamelle E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, Neb

**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.**