

FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. 34874

Registration District No. 351

Primary Registration District No. 4516

Registrar's No. 58

1. PLACE OF DEATH:

(a) County TANEY
 (b) City or town FORSYTH
 (c) Name of hospital or institution: HOME
 (d) Length of stay: In hospital or institution 75 years, months or days
 In this community 75 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County TANEY 106
 (c) City or town FORSYTH
 (d) Street No. _____
 (e) Citizen of foreign country? U.S.A (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES HENRY GROOM

3. (b) If veteran, name war NO 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife TREMANA GROOM 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan 16 1851
 (Month) (Day) (Year)

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

9. Birthplace Holt, CO MO
 (City, town, or county) (State or foreign country)

10. Usual occupation ABSTRACTOR

11. Industry or business _____

12. Name SYLVANIS J. GROOM

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

14. Maiden name SENA E BOSWELL

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

16. (a) Informant Treman Groom

(b) Address Bureau (c) Date thereof Oct-16-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FORSYTH MO

18. (e) Signature of funeral director HARRY FORSYTH

(b) Address FORSYTH MO

19. (a) Oct 29-45 (b) C. Allaman
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1945 hour 5:20 minute _____ M.

21. I hereby certify that I attended the deceased from Oct 12 1945 to Oct 13 1945
 that I last saw him alive on Oct 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension Duration 3 yrs

Due to Infarction

Due to _____

Other conditions General Atherosclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 [Signature] (M. D. or other) _____

Address [Address] Date signed 10/20/45

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

MOTHER FATHER

1623

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1948

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 *Minnie L. Welchel*

Licensed Embalmer No. *2277*

P. O. Address *Pranson 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.