

FILED APR 15 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 17

Primary Registration District No. 5297

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Jackson Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

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

In this community 86 years
years, months or days)

3. (a) PRINT FULL NAME NETTIE GROOM

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

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

6. (b) Name of husband or wife James M. Groom 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 21 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Clinton, Co. (City, town, or county) (State or foreign country) 11

10. Usual occupation House wife

11. Industry or business

12. Name William M. Campbell

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

14. Maiden name Clara Watson

15. Birthplace Not known (City, town, or county) (State or foreign country) 9

16. (a) Informant James M. Groom

(b) Address Lawson, Mo.

17. (a) Burial (b) Date thereof 3-26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Converse

18. (a) Signature of funeral director Jarman-Prichard

(b) Address Lawson, Mo.

19. (a) Mar 27 (b) Jas L Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Jackson twp Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to March 24 1946
that I last saw her alive on March 16 1946
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)

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 Edwin Daniel (M. D. or other) _____
Address Lawson, Mo. Date signed 3/28/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5050

7796

65

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

E. S. White

Licensed Embalmer No:.....

4168

P. O. Address.....

Exelsior Springs, 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.