

S. No. 2
 M-5-43
 v. 5-17-39
 I X36671

FILED APR 22 1946

Registration District No. **149**

Primary Registration District No. **1002**

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

12056

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL", and name of township)
 (c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 hrs. 50 mi
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Claud Groom
3. (b) If veteran, name war no
3. (c) Social Security No. 495-05-7624

4. Sex Female **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alie Groom
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June 14 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>9</u>	<u>28</u>	hr. min.

9. Birthplace Lawson Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired auto Dealer

11. Industry or business
MOTHER FATHER
12. Name Wm. Price Groom
13. Birthplace Liberty Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Sparks
15. Birthplace Liberty Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alie Groom
(b) Address 1206 E. 45th Kansas City Mo
17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** 4-16-1946
(Month) (Day) (Year)
(c) Place: burial or cremation mt moriah

18. (a) Signature of funeral director Wilbur N. Hage
(b) Address Oreadland Park, Kansas
19. (a) 4-13-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **49**
 (c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1206 E. 45 **8**
(If rural, give location)
 (e) Citizen of foreign country? **0**
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12
 year 1946 hour 6 minute 15 A.M.
21. I hereby certify that: I attended the deceased from April 11, 1946, to April 12, 1946;
 that I last saw him alive on April 12, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Dissectin aneurysm of aorta- Hypertension
 Due to.....
 Due to.....
 Other conditions 30d
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy See above

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
23. Signature Wm. W. Hart (M. D. or other) M.D.
 Address Med. Dir. Gen'l Hosp. Date signed 4-13-46

Dr. Buchanan

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 *J. Royce Hoge*.....
Licensed Embalmer No. *3579*.....

P. O. Address.....

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.