

3. No. 2
1-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

32452

FILED OCT 1 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 3-2-1

Primary Registration District No. 45-16

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Forsyth
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community most all of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Forsyth
(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

3. (a) PRINT FULL NAME MARGARET MAE 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, widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased sep 10th 1892 (Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Portsville Mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name George Washington Broyard

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

14. Maiden name Wamburn

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

16. (a) Informant W H Groom

(b) Address Forsyth Mo

17. (a) 8-28-46 (b) Date thereof 8-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation Forsyth cemetery

18. (a) Signature of funeral director Edgar C. Forsyth

(b) Address Forsyth Mo

19. (a) July 30-46 (b) C. P. Allaman (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24th year 1946 hour 3 minute 25 M.

21. I hereby certify that I attended the deceased from Aug 19th 1946 to Aug 24th 1946 that I last saw him alive on 3rd 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 day

Due to lung cancer

Due to metastasis from carcinoma of uterus

Other conditions hypertension (include frequency within 3 months of death)

Major findings: Area of necrosis

Of operations 48B

Of autopsy 48B

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 6

23. Signature Edgar C. Forsyth (M. D. or other) 6
Address Forsyth Mo Date signed 9/2/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Sept. 20-46 322 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 946-01000

Date Filed SEP 30 1946

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, ^{and} or by

Elmer C. Forsyth, Registered Apprentice No. 421
working under my personal supervision.

Signed Minnie G. Wheelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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.