

FILED JAN 7 1946
Registration District No. **34**

Primary Registration District No. **5117**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Cedar Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **hol**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Life** years, months or days

3. (a) PRINT FULL NAME **W^M Henderson Grooms**

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

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

6. (b) Name of husband or wife **INA Crane Grooms** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 30 1879**
(Month) (Day) (Year)

8. AGE: Years **67** Months **8** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Boone Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Adolphus Grooms**

13. Birthplace **Boone Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Nevins**

15. Birthplace **Boone Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ina Grooms**

(b) Address **Mrs Baine Mo RI**

17. (a) **Burial** (b) Date thereof **Dec 29 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nashville Cem**

18. (a) Signature of funeral director **R. Burnett**

(b) Address **Columbus Mo**

19. (a) **12-26-46** (b) **Mrs Mildred Burnett**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Mrs Baine Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **22nd**
year **1946** hour **8:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 16 1945** to **Oct 24 1946**
and that death occurred on the date and hour stated above.
that I last saw **him** alive on **Oct 24 1946**

Immediate cause of death **Bright's Disease** Duration **2 years**

Due to **no data**

Due to **Hypertension**
Byl 250-Diallo

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **GA**

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 **F B Williamson MD** (Date or other)
Address **Columbus Mo** Date signed **12-28**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

38434

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-2-72

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~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lynard H. Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.