S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4411

State File No. 14537

Registrar's No. 14

1. PLACE OF DEATH

(a) County: Pike

(b) City or town: Bowling Green Mo
(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)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pike 82

(c) City or town: Bowling Green 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Sarah E. L. Groom

3. (b) If veteran, name war: X

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Benj. Franklin Groom

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

7. Birth date of deceased: Oct (Month) 29 (Day) 1846 (Year)

8. AGE: Years 100 | Months 5 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: Edward Co. (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation: Retired Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Bruce Peters 1

13. Birthplace: (City, town, or county) Ky (State or foreign country) 1

14. Maiden name: Miss X Carpenter

15. Birthplace: (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant: Mrs. Betty Bonnell

(b) Address: Bowling Green Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4 (Month) 5 (Day) 1947 (Year)

(c) Place: burial or cremation: Olney Mo.

18. (a) Signature of funeral director: Grady Bonnell

(b) Address: Bowling Green Mo

19. (a) 4-5-47 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 1, 1947, to April 3, 1947; that I last saw h. alive on April 3rd, 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Chronic myocarditis

Due to

Due to

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —

Of autopsy: —

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: 0

23. Signature: J. B. Bryce, M. D. (M. D. or other)

Address: Bowling Green, Mo Date signed: 4/4/47

254 (Licensed Embalmer's Statement on Reverse Side)

MAY 1 1947

MAY 1 1947

RECEIVED
District Health Officer No. 10
District File No. 4-47-698
Date Filed APR 15 1947

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 C. A. Roof

Licensed Embalmer No. 30 XX

P. O. Address Bowling Green

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.