. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1948

Registration District No. 949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16343

Registrar's No. 2064

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:
3341 Park Avenue 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community: 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 3341 Park Avenue 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Mary Louise GROFF

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: John H. Groff

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: August (Month) 22 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	8	22	hr. min.

9. Birthplace: Unknown (City, town, or county) Belgium 4 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER
12. Name: Irl DeClark
13. Birthplace: ---- (City, town, or county) Belgium 4 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: ---- (City, town, or county) Belgium 4 (State or foreign country)

16. (a) Informant: Mr. John H. Groff
(b) Address: 3341 Park Ave., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 5-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1948 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 1, 1948 to May 1, 1948 that I last saw him alive on May 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 94a
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Joel Parker Jr. (M. D. ~~coroner~~)
Address: 915 Argyle Bldg. K.C. Mo. Date signed: 5/14/48

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1950

APR 20 1950

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.....

Licensed Embalmer No.....

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.