

FILED JUL 15, 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20694

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frankclay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frankclay</u>	
c. LENGTH OF STAY (in this place) <u>8 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frankclay, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>Milton</u> c. (Last) <u>Groom</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1949</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 14, 1877</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR <u>8</u> Months	IF UNDER 4 HRS. <u>16</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>HENRY MILTON GROOM</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY AGNEW</u>		14. NAME OF HUSBAND OR WIFE <u>Pricillan Groom</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME <u>Pricillan Groom, Frankclay, Mo.</u> ADDRESS -----			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carsonia of Lung</u> ANTECEDENT CAUSES <u>scrubby</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1948</u> to <u>June 30, 1949</u> that I last saw the deceased alive on <u>June 30, 1949</u> and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gas. W. Hoffmann</u>		23b. ADDRESS <u>Bismarck Mo</u>	
23c. DATE SIGNED <u>7-1-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Frankclay, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bert L. Boyer</u> ADDRESS <u>Leadwood</u>	
DATE REC'D BY LOCAL REG. <u>July 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Rude</u>	

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

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RECEIVED 7-11-49  
District Health Officer No. 4  
File Number 749-920  
Date Filed \_\_\_\_\_

JUL 15 1949

**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 \_\_\_\_\_

William E. Boyer

Student Embalmer No. 229

working under my personal supervision.

Student William E. Boyer  
Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood 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.