

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

FILED JUL 8 1948

Registration District No. 157

Primary Registration District No. 4214

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Henry.  
(b) City or town Deepwater, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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

3. (a) PRINT FULL NAME Jefferson Groom

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased September 22 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	09	7	hr. _____ min.

9. Birthplace Wheatland Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business \_\_\_\_\_

12. Name Marion Groom.

13. Birthplace Unknown. (State or foreign country)

14. Maiden name Emily Wheeler.

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

16. (a) Informant Mrs. Bertie Clary.  
(b) Address Deepwater, Mo.

17. (a) Burial (b) Date thereof 7-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Deepwater Cemetery

18. (a) Signature of funeral director Tom Hurst  
(b) Address Deepwater, Mo

19. (a) 7-2-48 (b) R. R. Remy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Henry.  
(c) City or town Deepwater, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? Citizen. No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1948 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 48 to June 29, 1948  
that I last saw him alive on June 28, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Apoplexy

Due to Hypertension. Senility.  
Hypertrophied Liver.

Other conditions Enlarged Prostate  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
6 Mts

PHYSICIAN

Underline the cause of 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? \_\_\_\_\_  
place? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury 2

23. Signature Del Thomas (M, D. or other) MO  
Address Deepwater, Mo. Date signed 6-29-48

SEP 13 1948

RECEIVED

District Health Officer No. 71

District File Number 6-48-732

Date Filed 7-5-48

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 *Sam Hirst*

Licensed Embalmer No. 2982

P. O. Address *Deepwater 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.