MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31901
Do not use this space.

1. PLACE OF DEATH SEP 12 1939
(a) County Buchanan — Registration District No. 1
(b) Township or City St. Joseph, Mo. — Primary Registration District No. — Registered No. 945
(c) (d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kenneth Eugene Grooms
(a) Residence, No. Agency, Mo. St. Agency Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 28, 1939
7. AGE: YEARS ✓ MONTHS 7 DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

FATHER
13. NAME T. J. Grooms
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Missouri

MOTHER
15. MAIDEN NAME Ruth Giddens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Mo

17. INFORMANT (ADDRESS) T. J. Grooms Agency, Mo.
18. BURIAL, CREMATION, OR REMOVAL Frazier, Mo.
PLACE Frazier, Century DATE Sept. 14, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Sullins Gower, Missouri
20. FILED Sept. 15, 1939 A. J. Nestlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sep 13, 1939, to Sep 13, 1939
I last saw him alive on Sep 13, 1939 Death is said to have occurred on the date stated above, at 8:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd Degree burns of face head Torso & Extremities	9-13-39

Other contributory causes of importance: 180

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury ....., 19....
Where did injury occur? 3 miles No W. of Frazier Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury House burned in which they lived
Nature of injury 2nd & 3rd Degree burns
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. M. Allaman, M. D.
(Address) Central Bldg St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, above space should be left blank.