

1940 OCT 12 1940

Registration District No. 219

Primary Registration District No. 5299

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Bunceton (Rural)
(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 _____
In this community Entire Life
years, months or days

Kelly Ings

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Bunceton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30
year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 14th
1940 to Sept 27th, 1940
that I last saw her alive on Sept 27th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to High Blood Pressure

Due to _____

Other conditions None
(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 _____

23. Signature W. H. Elliott (M. D. or other) _____
Address Bunceton Mo Date signed 10/30/40

3. (a) PRINT FULL NAME Minnie Jane Groves

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single ~~Widowed~~ ~~Married~~

6. (b) Name of husband or wife J.O. Groves 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased January 5 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Same

12. Name John H. Bear

13. Birthplace Virginia

14. Maiden name Mary D. Morris

15. Birthplace St. Clair Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred L. Groves

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Sept 27th Mo

19. (a) Oct 1 - 1940 (b) Ann Whitaker
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-40

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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, above space should be left blank.