

FILED SEP 13 1943

Registration District No. 24

Primary Registration District No. 3048

Registrar's No. 125-

1. PLACE OF DEATH:

(a) County Madawaski

(b) City or town Manville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Francis
(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 Mary Jane Groves

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife William F. Groves "Bill" 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased April 8 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name H. C. Lemell

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Brown

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

16. (a) Informant Mrs. G. J. Taylor

(b) Address Manville Mo

17. (a) Removal (b) Date thereof 8-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Wray Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 451 South Main Manville Mo

19. (a) 8-7-43 (b) Amy Barlow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawaski

(c) City or town Manville
(If outside city or town limit, 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 August day 6
year 1943 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 18-1943 to Aug 6 1943
that I last saw her alive on August 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: General Starvation
from a large
Due to Carcinoma of the Cecum and the
Omentum

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy:

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, 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 Chas. J. Bell (M. D. or other) _____
Address Manville Mo Date signed 8/9/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 William Campbell

Licensed Embalmer No. 12620

P. O. Address Maryville 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.