

FILED APR 12 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
W Monroe St  
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MRS. ALVERINA A. GROVES

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

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

6. (b) Name of husband or wife Wm Groves 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 25 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 9 hr. min.

9. Birthplace Jefferson Co. Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

12. Name Daniel A. Prohove

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

14. Maiden name Susan M. Clark

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

16. (a) Informant Wm Groves

(b) Address Mexico Mo, R.F.D.

17. (a) Burial (b) Date thereof Mar 6 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo

18. (a) Signature of funeral director M. P. Hutton

(b) Address Mexico Mo  
(c) Date received local registrar Mar 6 - 1944 (d) Margaret H. Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4th  
year 1944 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to Mar 4, 1944  
that I last saw her alive on Mar 4, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death: cardiac dilatation acute  
asthma bronchial months

Due to senility  
arterio sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 9504  
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 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 P. S. Williams (M. D. or other) M.D.

Address Mexico Mo Date signed 3/6/44

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

MOTHER FATHER

1074

RECEIVED

District Health Officer No. 10

District File Number 4-44-807

Date Filed APR 11 1944

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 Roy A. McPherson

Licensed Embalmer No. 1133

P. O. Address Mexico 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.