V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10062

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 3

68
2
0

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether years, months or days)
In this community Most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton
(If outside city or town limits, write "RURAL")
(d) Street No. East Morgan Street 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME James Oliver Groves
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie Groves
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased June (Month) 5th (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
86	9	21	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
MOTHER FATHER
12. Name William T. Groves
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Margaret Cole
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Claude Ferguson
(b) Address Tipton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Tipton, Masonic Cemetery
18. (a) Signature of funeral director Jewell E. Richards
(b) Address Tipton, Mo.
19. (a) Mar. 27, 1947 (Date received local registrar) (b) Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1947 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from 3/16, 1947, to 3/26, 1947; that I last saw him alive on 3/26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac deficiency	
Due to: Arteriosclerosis	
Due to: senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. J. Potts (M. D. or other)
Address Tipton, Mo. Date signed 3/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 10 1947

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 Jamell 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, fact should be so stated above.