No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8189

Registration District No. 73 — Primary Registration District No. 3014 — Registrar's No. 25

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 425 East Franklin (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home (Specify whether
In this community 70 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty (If outside city or town limits, write "RURAL") 2
(d) Street No. 425 East Franklin (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Frances Myall
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Richard R. Myall
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Sept. (Month) 1 (Day) 1852 (Year)

8. AGE: Years 95 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Liberty (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none
FATHER
12. Name John S. Groom
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Catherine Hadley
15. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Groom Myall
(b) Address 428 W. Franklin, Liberty, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Liberty, Mo.
18. (a) Signature of funeral director Church-Archer Co.
(b) Address Liberty, Missouri
19. (a) March 9 1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 1.4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 31, 1948 to March 8, 1948; that I last saw her alive on March 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	4 days.
Due to Cerebral thrombosis	6 wks
Due to Generalized athero-sclerosis	20 yrs.
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 0

23. Signature S. O. Schroeder (M. D. or ~~other~~) M. D.
Address Liberty, Mo. Date signed 3/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 3-18-48

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 Harold G. Smith Registered Apprentice No. 33, working under my personal supervision.

Signed John Lombardy

Licensed Embalmer No. 448

P. O. Address Liberty 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.