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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30036

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 273

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 41

(c) City or town Rural Prairie Twp (If outside city or town limits, write "RURAL")

(d) Street No. Noland Rd. 1 mi So of #50 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Earl Dean Groceman

3. (b) If veteran name war World War #2 3. (c) Social Security No. 499-16-8929

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

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug 4 - 1924 (Month) (Day) (Year)

8. AGE: Years 24 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Deepwater (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Sheffield Steel Co

FATHER
12. Name Wm E Groceman
13. Birthplace Crawford Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Thelma Willey
15. Birthplace Arcadia (City, town, or county) Kan (State or foreign country)

16. (a) Informant Wm E Groceman
(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah KC

18. (a) Signature of funeral director M B Langford
(b) Address Lees Summit Mo

19. (a) 9-10-48 (Date received local registrar) (b) [signature] (Registrar's signature) 2517

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Shock Skull Fracture 7 06 8

Due to Auto Trauma 22

Due to (2 Car Accident)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Deputy Coroner

Of autopsy History & Inspection

Duration

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) Accident 48

(b) Date of occurrence 9/8/48

(c) Where did injury occur? Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place? #7 Hi Way (Specify type of place)

While at work? No (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. [illegible])

Address 2800 Main Date signed 9/8/48

(Licensed Embalmer's Statement on Reverse Side)

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 N. B. Langsford

Licensed Embalmer No. 3833

P. O. Address Lus Summit

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.