

S. No. 2
DM-5-43
v. 5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hampton
36799
State File No.
Registrar's No.

FILED NOV 5 1947

Registration District No. 336

Primary Registration District No. 6136

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town (rural) Summersville
(c) Name of hospital or institution: none
(d) Length of stay: 62 years
In this community 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon
(c) City or town Summersville (Rural)
(d) Street No.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME William Tine Groshon
(b) If veteran, name war
(c) Social Security No.

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Edna Groshon
(c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov 11 1884

8. AGE: Years 62 Months 10 Days 2

9. Birthplace Randolph Co. Ark.

10. Usual occupation Farming

11. Industry or business

12. Name John M. Groshon

13. Birthplace Ark.

14. Maiden name Victoria Alley

15. Birthplace Mo.

16. (a) Informant Edna Groshon
(b) Address Summersville, Mo.

17. (a) Burial (b) Date thereof 9-17-47
(c) Place: burial or cremation Summersville, Cemetery

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Mountain View, Mo.

19. (a) 10-14-47 (b) Mobile Reel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 13
year 1947 hour 11 minute 08 p M.

21. I hereby certify that I attended the deceased from Sept 13 1947 to Sept 13 1947
that I last saw him alive on SEPT 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Peritonite

Due to
Due to

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Dr. Lawrence Hampton (M. D. or other)
Address Summersville Date signed Sept 21

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,
1047623

District No. _____
Date Filed 10-30-47

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.....

Joe R. Armean
.....
Licensed Embalmer No. *4325*

P. O. Address.....

Monte View 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.