

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

9704  
Do not use this space.

REC'D APR 17 1939

**1. PLACE OF DEATH**

(a) County Jackson 3 Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. Swopepark, Ke. Mo. Registered No. 1310  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

625 Earl Ralph Grisham  
 (a) Residence, No. 4031 Broadway Ave St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lucille Grisham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 5 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Confessionary  
 9. Industry or business in which work was done, as saw mill, bank, etc. Business  
 10. Date deceased last worked at this occupation (month and year) 3-25-39  
 11. Total time (years) spent in this occupation. 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Everton, Missouri

FATHER 13. NAME Michael J. Grisham 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Everton, Missouri 7

MOTHER 15. MAIDEN NAME Jessie Kirby 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Lucille Grisham  
4031 Broadway Ave. Ke. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Harrisonville Mo. 3-27 30

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Suddarth Milum  
6900 Broadway Ave. Ke. Mo.

20. FILED Nov 26 1939 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-39 19

22. I HEREBY CERTIFY, That I attended deceased from 1939 19  
 I last saw Deputy Coroner 19..... Death is said to have occurred on the date stated above, at 120 A m.

The principal cause of death and related causes of importance were as follows:  
Phenol Poisoning  
Suicide  
163

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? Autopsy Was there an autopsy? 1

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide Suicide Date of injury 3-25-39 19  
 Where did injury occur? Ke. Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify None  
 (Signed) Deputy Coroner M. D.  
 (Address) Ke. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, March, 25, 1938

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed G W Hawthorne

Licensed Embalmer No. 3845

P. O. Address 6900 Troost Ave. K.C.

**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, above space should be left blank.**