

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

6304
Do not use this space.

1. PLACE OF DEATH *7-5W*

(a) County Clay Registration District No. 198
 (b) Township Fishing River Primary Registration District No. 3211 Registered No. 23
 (c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility St.
 (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. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter D. Grady

(a) Residence, No. 23d & Sterling, Kansas City, Mo. St. Kansas City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Ruth Grady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	6	3	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck jobbing

9. Industry or business in which work was done, as saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) Lockhart, Texas (STATE OR COUNTRY) 1

FATHER

13. NAME Charles Albert Grady

14. BIRTHPLACE (CITY OR TOWN) Atlanta, Ga. (STATE OR COUNTRY) 1

MOTHER

15. MAIDEN NAME Carrie Hudson

16. BIRTHPLACE (CITY OR TOWN) Lockhart, Texas (STATE OR COUNTRY) 1

17. INFORMANT Hospital records (ADDRESS)

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Kansas City, Mo. DATE Feb. 5, 1940

19. FUNERAL DIRECTOR (NAME) Claude Pritchard (ADDRESS) Excelsior Springs, Mo.

20. FILED Feb 6 1940 W. D. Pritchard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1940, to February 5, 1940, 19...
 I last saw him alive on February 5, 1940. Death is said to have occurred on the date stated above, at 1:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Gangrene of feet due to freezing
Infarcts of Lungs
Acute Nephritis
Toxemia

Other contributory causes of importance: N.M.D.

Name of operation None Date of.....
 What test confirmed diagnosis? Exam. & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Unknown
 Where did injury occur? Unk. - freezing of feet
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Unknown

Manner of injury Freezing of feet
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Unknown
 (Signed) W. D. Pritchard M. D. Clinical Director
 (Address) Veterans Administration Facility
Excelsior Springs, Mo.

Date of onset

120

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

130
MAY 12 1948

MAY 19 1948

OCT 21 1948

RECEIVED
District Health Officer No. 8,
District File Number 315740
Date Filed

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.....

Robert Ray

, Registered Apprentice No. 226

working under my personal supervision.

Signed

Claude Michard

Licensed Embalmer No. 2701

P. O. Address Ex Spyrms

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.