

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

28274
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 198
 (b) Township Fishing River Primary Registration District No. 3011 Registered No. 129
 or Excelsior Springs, Mo.
 (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. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sam William Grant
 (a) Residence, No. 2928 Jarboe, Kansas City, Mo. St. 2928 Jarboe, 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE Corinne Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1891

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>49</u> | <u>2</u> | <u>19</u> | |

OCCUPATION

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

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) (STATE OR COUNTRY) Fulton Missouri

FATHER

13. NAME Robert Grant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Missouri

MOTHER

15. MAIDEN NAME Elizabeth Holman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 8/21/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thatcher Funeral Home Kansas City, Kans.

20. FILED 8-21-40 Mrs. Lea McCracken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1940 to Aug. 20, 1940
 I last saw h. in alive on Aug. 20, 1940 at 7 P. m. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Disease of the heart with cardiac enlargement, myocardial fibrosis and myocardial insufficiency.
Class 5.
 Date of onset

Other contributory causes of importance: Syphilis 34

Name of operation None Date of 40

What test confirmed diagnosis? Kexam. & Obs Was there an autopsy? 40

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? --- Date of injury ---, 19---
 Where did injury occur? --- (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 M.A. GERMAN, M.D. Clin. Dir. M. D.
Veterans Administration
 (Address) Excelsior Springs, Mo.

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

K. 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.

RECEIVED
District Health Officer No. 8,
District File Number 9-9-40
Date Filed 9-9-40

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 Clifford L. Woods
Licensed Embalmer No. 3106

P. O. Address.....

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.