

Registration District No. **403**

Primary Registration District No. **4738**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Raytown**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **life**
years, months or days

3. (a) PRINT FULL NAME **Stanley Verne Grantham**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 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 **October 9 1933**
(Month) (Day) (Year)

8. AGE: Years **6** Months **7** Days **25**
If less than one day _____ hr. _____ min.

9. Birthplace **Raytown Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **School boy**

11. Industry or business _____

MOTHER FATHER
12. Name **L. Stanley Grantham**
13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Linnie Belle Hamilton**
15. Birthplace **Baxter Springs Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **L. Stanley Grantham**
(b) Address **Raytown, Missouri**

17. (a) **Burial** (b) Date thereof **June 6, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brooking Cemetery**

18. (e) Signature of funeral director **D. M. Embury**

(b) Address **Raytown, Missouri**

19. (a) _____ (b) **D. M. Embury**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Raytown**
(If outside city or town limits, write "RURAL")
(d) Street No. **None**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1940** hour **4** minute **15** AM.

21. I hereby certify that I attended the deceased from **May 3, 1940**
to **June 4, 1940**
that I last saw him alive on **June 4, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death
MYOCARDIAL DEGENERATION WITH PULMONARY OEDEMA
Due to **RHEUMATIC ENDOCARDITIS + PERICARDITIS**
Due to **FOLLOWING SCARLET FEVER (5-9-40)**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **AS ABOVE**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NO**
(b) Date of occurrence **NONE**

(c) Where did injury occur? **NO**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

315 While at work? **NO** (Specify type of place) (a) Means of injury **NO**

23. Signature **J. R. Kaffoon** (M. D. or other) **D**
Address **RAYTOWN MO** Date signed _____

Duration
40A
15D7
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

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

Signed Clark Heger.....

Licensed Embalmer No. 3983.....

P. O. Address Paytown 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, above space should be left blank.