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X26990

FILED NOV 13 1941

Registration District No. **377**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1112 East 14th, 3rd West
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether
In this community 7 years / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Harry Lee Grant

3. (b) If veteran, name war None 3. (c) Social Security No. 487-05-8468

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beatrice Grant 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased September 3, 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 7 If less than one day
hr. min.

9. Birthplace Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Dining Car Waiter
K. C. Southern R. R.

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Maude
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Grant

(b) Address 1112 East 14th St., 3rd W.

17. (a) burial (b) Date thereof 10/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)
Lincoln Cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director Robinson Bros
1729 Lydia

19. (a) 10/14/41 (b) M. M. Aron
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **048**
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1112 East 14th St., 3rd W.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1 1941 to Oct 10 1941
that I last saw him live on 10-10- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic type of disease
with renal degeneration Duration 1

Due to Renal 131 P

Due to Chronic Interstitial Nephritis 4
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations no
Of autopsy no
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(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? no

While at work? (Specify type of place) no
(e) Means of injury no

23. Signature K. M. Elks (M. D. or other) 0
Address 1655 E 18th Ave Date signed 10/13/41

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

J. S. Hells

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.....

Wesley Manlove

Licensed Embalmer No. *3994*

P. O. Address *2513 Highlan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.