

No. 2
4-13-40
5-17-39
-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40882**
Registrar's No. **4558**

FILED JAN 24 1942

Registration District No. **399**

Primary Registration District No. **1002**

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

48
3
8

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(c) Name of hospital or institution **2405 Bales**
(d) Length of stay: In hospital or institution **22 years**
In this community **22 years**

3. (a) PRINT FULL NAME **Wesley H. Granlee**
3. (b) If veteran, name war **---** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lula M. Granlee** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **Feb. 4th, 1869**

8. AGE: Years **72** Months **10** Days **3** If less than one day **hr. min.**

9. Birthplace **Penn.**

10. Usual occupation **Carpenter**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Joseph V Granlee**
13. Birthplace **Ireland**
14. Maiden name **Elizabeth A Maple**
15. Birthplace **Penn.**

16. (a) Informant **Mrs. Lula Granlee**
(b) Address **2405 Bales, K.C.Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 9th, 41**
(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Sheil Funeral Home**
(b) Address **6606 Inden, Ave.**

19. (a) **Jan 9, 1941** (b) **M. M. Crowe**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Mo.**
(d) Street No. **2405 Bales**
(e) If foreign born, how long in U. S. A.? **10** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **7th** year **1941** hour **8** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Dec 1941** to **Dec 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Pulmonary Infarction + Hypertension**
Due to **Myocardial Infarction Rt + Left**
Other conditions **Chronic Fibrous Myocarditis**

Major findings: Of operations **93 P**
Of autopsy **---**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **---**
(b) Date of occurrence **---**
(c) Where did injury occur? **---**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **---**

While at work? **---** (e) Means of injury **---**
23. Signature **Russell W. Dean** (M. D. or other) **3**
Address **---** Date signed **---**

APR 30 1948

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.....

..... Licensed Embalmer No.....

..... 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, fact should be so stated above.