

FILED MAR 5 1943

State File No. _____
951
Registrar's No. _____

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH, **Jackson**
(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: K.C. General Hospital No. 1 / 1214 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
Street No. 1214 Cherry St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William A. Grundy
(b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 21st
year 1943 hour _____ minute _____ M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Mar
(b) Name of husband or wife Cora A 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Aug 31, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1942, 19____, to Feb., 19____, 1943
that I last saw him alive on Feb. 13, 1943, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 5 Days 20 If less than one day hr. _____ min. _____

Immediate cause of death Hypertrophied prostate
Duration _____

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

Due to _____
Due to _____

10. Usual occupation Retired Chemist

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business Self
12. Name W. J. Grundy
13. Birthplace Chillicothe Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Walker
15. Birthplace England
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Cora A. Grundy
(b) Address 1214 Cherry
17. (a) Buried (b) Date thereof 3-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Blackman
(b) Address 116 W. 2nd
19. (a) 3-24-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____ Means of injury _____
23. Signature Amey P. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed _____

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

MOTHER FATHER

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..... *H. B. Blackman*.....
Licensed Embalmer No. *3639*.....
P. O. Address..... *P. C. M.*.....

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.