. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5329

MAR 5 1943

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No. 974

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Day (Specify whether
In this community several months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 6
(If outside city or town limits, write "RURAL")
(d) Street No. 3687 Summit St.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Josephus McGrew

3. (b) If veteran, name war No

3. (c) Social Security No. 509-20-4882

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Carrie McGrew

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Apr (Month) 23 (Day) 1872 (Year)

8. AGE: Years 70 ~~69~~ Months 10 Days 0 If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Employee

11. Industry or business North American Aviation, Inc.

FATHER
12. Name James C. McGrew
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Leah Windsor
15. Birthplace Lexington (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Carrie McGrew,
(b) Address 3687 Summit St., Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-25-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd year 1943 hour 1:15 minute a. M.

21. I hereby certify that I attended the deceased from Feb 16, 1943, to Feb 23, 1943; that I last saw him alive on Feb 23, 1943 and that death occurred on the date and hour stated above.

	Duration
(1) Immediate cause of death Acute failure Rside Mant; Pulmonary edema	
(3) Due to Chronic myocarditis	
(2) Due to Acute Bronchitis and Bronchial (cardiac) asthma	2/9/43
Other conditions (Include pregnancy within 3 months of death)	
93D	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Phil H Brayles (M. D. or other) M D
Address 1232 Pend. Bldg K.C. Mo Date signed 2/25/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Broyles & Lathrop,
Pruff Bldg. Thurs. 11 A.M.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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, fact should be so stated above.