S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13185

Registration District No. 5 194849

Primary Registration District No. 1002

Registrar's No. 1769

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-6-43-4-7-43 (Specify whether years, months or days)

In this community About 27 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1210 Paseo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM GRANT

3. (b) If veteran, name war —

3. (c) Social Security No. 493-12-8699

4. Sex male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 3 Div.

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased 9 (Month) - 22 (Day) - 1897 (Year)

8. AGE: Years 45 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business

FATHER
12. Name Warren Grant
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Missouri Grant
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 4-14-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Plum Texas.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 4-14-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1943 hour 12:00 minute p. M.

21. I hereby certify that I attended the deceased from April 6, 1943, to April 7, 1943; that I last saw him alive on April 7, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Purulent Meningitis	
Due to 8/a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)

(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 0

23. Signature G. C. Burner (M.D. or other)

Address Gen. Hosp #2-600 E. 22 Date signed 4-10-43

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address Kansas City 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.