

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

FILED MAY 5 1943

Registration District No. 149

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:
2302 Drury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 1/2 years (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")
(d) Street No. 2302 Drury
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daisy Grogan

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife John Grogan 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 2nd 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Chas E Slaughter

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Belle Palston

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Grogan

(b) Address 2302 Drury

17. (a) Burial (b) Date thereof 4/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount St. Marys

18. (a) Signature of funeral director Snow-McPherson
(b) Address 2315 Riverwood
19. (a) 4-19-43 (b) M. N. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan-3
1943 to April 16 1943
that I last saw he alive on April 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
hemorrhage -
Due to arterial hypertension

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

Major findings: Of operations B
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? _____ (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)
(e) Means of injury: _____
23. Signature G. C. Remley (M. D. or other) MD
Address 832 Argyle Date signed 4-19-43

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

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.....

Ray C Snow

Licensed Embalmer No. *2560*

P. O. Address. *R 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.