S. No. 2
OM—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20386

State File No.

FILED JUN 30 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2749

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

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: 3009 East 6th Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether

In this community 45 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

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

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

(d) Street No. 3009 East 6th St., (If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Albert Rowland Grigsby,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine Z. Grigsby

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 24 (Day) x 1865 (Year)

8. AGE: Years 77 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired,

11. Industry or business Printing Supplies,

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

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

16. (a) Informant Mrs. Katherine Z. Grigsby,

(b) Address 3009 East 6th St., K. C., Mo.

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 6-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. K.C., Kas.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-18-43 (Date received local registrar) (b) Dep. D. E. Brown (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1943 hour 9:30 minute a. M.

21. I hereby certify that I attended the deceased from June 5 1938, to June 18 1943 that I last saw him alive on June 12 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 wks
Due to Chronic Brights disease	5 yrs
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? None (e) Means of injury

23. Signature Glenn C Carbaugh (M.D. or other)

Address 714 Bryant Bldg K C Mo Date signed June 18 1943

(Licensed Embalmer's Statement on Reverse Side)

Dr. Glenn Carbaugh

JUL 29 1965

Burgess No. 8357

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 J. Calvin Sluppard

Licensed Embalmer No. 4179

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.